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EDITORIAL COMMENT

THE TRAINING SCHOOL RECORD IN AFTER-YEARS

One of the definite results of state registration has been the keeping of much more careful records by training schools than had been the universal custom. There may be still some states or some schools that are careless in this regard but we know them to be in the minority, if such be the case.

Few young nurses realize that the record they make during the period of training is going to influence their entire professional life. When a graduate nurse changes from one field of work to another, in the references she is obliged to provide, she goes back to the school from which she graduated for endorsement, and although the superintendent under whom she trained may have died or been absent many long years, her record remains as evidence for or against her. The longer she is at work, the more frequently must these records be referred to; for state registration, for eligibility for enrollment in the Red Cross nursing service, for the benefit of a Robb scholarship, the endorsement of the school from which she graduated is absolutely essential. There is nothing that tells so greatly against a woman in after years as a doubtful record during her period of training, of moral delinquency, whether in regard to matters serious or trifling. Evidence of neglect of duty, of willful disregard of the rules of the hospital, even when not sufficiently serious to merit dismissal, stand out strongly against the woman when she endeavors to enter those fields of work that call conspicuously for truthfulness, reliability, self-control and that moral integrity which makes her a safe leader of younger women or a proper person to be placed in unusual circumstances without supervision.

Of course, on general principles, we would say that no woman should be retained in a training school who shows a lack of the char-

acteristics we have enumerated but, on the other hand, we are admitting to our hospitals women who have been but a short time out of school, who have not been subjected to rigid discipline, who have not passed the period of youthful exuberance which sometimes leads to thoughtless indiscretions and who do not appreciate in the beginning the seriousness and the responsibility of the work they have undertaken. They do not know the effect on their lives of an accumulation of petty evidence showing lapses in conduct or neglect of duty.

We know that many superintendents endeavor to impress these lessons upon their young pupils but it is a matter that should be constantly emphasized. An adequate record of a pupil's training requires something more than the filling out of blanks showing how many weeks she has served in the different departments of a hospital and whether her service has been good, bad or indifferent,—something of the personality of the woman, her habits, her attractiveness, her popularity with both patients and associates, her power to meet an emergency or to respond to a demand that calls for self denial. It is true that as years go on many women who show only average ability in the hospital develop under the conditions of their outside work into women of leadership, and ability which is only latent during training becomes conspicuous during advancing years; but on general principles, among all classes of people, this is the exception rather than the rule.

CAUTION IN SEEKING NEW FIELDS

The public has come to expect a nurse to be willing to respond to every kind of a call, whether at home or at a distance, whether in a public institution, a private house or in one of the different lines of public health work, without any regard to her own personal protection or welfare. We know of nurses having answered an advertisement and started across the country to accept a position without knowing in the least the circumstances under which they were to be placed, without stopping to investigate the moral status of the person or the board employing them, without knowing how they were to live, much less how they were to be fed. We hear of nurses arriving at distant places to be told that the position has been filled, without money enough on hand to pay their return expenses and perhaps being obliged to accept work under humiliating conditions in consequence, or to appeal to local associations or directories for help. We have been told that it is not an unusual thing for registrars of directories to give preference to nurses who had been stranded in some such way to the detriment of those regularly enrolled, because there seemed nothing between such a

floating population of nurses and actual starvation, all of which, it goes without saying, is unfair. Before accepting a position about which she knows nothing, a nurse should make some investigation about the standing of the place. We know there are many institutions, both private and public, which are so dominated by politics or managed by people of doubtful reputation that it is impossible for reputable nurses to work in them. With our present chain of nursing organizations in every part of the country, there is no point where a nurse cannot gain information in regard to the standing of public institutions. There are local and state nurses' associations whose officers can always get into touch with persons whose advice would be reliable.

The private nurse, before starting out to travel with a seriously sick patient, should be sure that the best kind of medical advice has been obtained and rather than attempt a journey with a patient likely to die on the way, she should insist on his being placed in a hospital. It is not only cruel to a very sick patient to subject him to the discomforts which cannot be avoided on a train, but it reflects on the intelligence of the nurse to have undertaken a journey under such questionable conditions. We are not referring to accidents or sudden illness which may develop en route, but to cases of really serious illness where a patient's desire to get home or a physician's desire to get the patient off his hands lead the nurse to undertake such hazardous trips against her judgment. While we recognize the duty of the nurse to respond to appeals for help, a certain amount of common sense should be exercised in judging a situation. The person who rushes blindly into any sort of work often finds herself in a position from which it is difficult to extricate herself with honor or, at least, with credit to her profession.

THE MOVEMENT FOR PREPAREDNESS

There is scarcely a town of any size in the whole of the United States which is not showing interest in a greater or less degree in the question of preparedness. The women are taking quite as prominent a place in the movement as the men and in all of this work nurses should be lined up on one side or the other, we hope in favor of making a reasonable provision for the protection of the country and especially for the proper equipment and care of our own people in case of war. The Red Cross is beginning the establishment of base hospitals in different sections of the country. Physicians and Red Cross nurses are being properly organized into columns, and equipment for such hospitals is being accumulated in such a manner that on three days' notice all could be put in operation.

Nurses should not be satisfied to simply express their willingness to serve. Enrolled Red Cross nurses are, by a ruling of the Red Cross at its last annual meeting, members of the American Red Cross by virtue of their enrollment; these should identify themselves with the local chapter in their community if there is one. Nurses who are not enrolled in the Nursing Service may join any Red Cross chapter as lay members and they should take their places as citizens, with or without the vote, in influencing public opinion and in serving on committees in aid of this movement. Like the young men of the country, it would be the younger members of our profession who would be called upon to make the greatest sacrifices. Therefore, we as a profession, have a right to know in detail what provision the public proposes to make for their best protection. In no other way can nurses be informed, except by taking part in the movement.

THE ISABEL HAMPTON ROBB FUND

From Miss Nutting we learn that as a result of the special campaign for funds, the treasurer reported on March 11th that \$4,144.50 had been received, bringing the total amount of the fund to date up to \$18,815.97. On the same day the chairman of the Committee received the large sum of \$5,000.00 as a personal contribution from Mrs. William Church Osborn, president of the Women's Board of Managers of Bellevue Training School. In the letter accompanying her generous gift, Mrs. Osborn says, "This is such a splendid thing to establish and such a fitting memorial, that I wish I could double the amount." This brings our fund up to nearly \$24,000, and with the outstanding contributions that are still coming in it seems very likely that we shall reach the sum of \$25,000 before the present campaign is finished.

The treasurer comments on the very wide-spread interest aroused, in the completion of the Fund, as shown, not only in the comparatively large gifts of \$100 or \$200 from alumnae associations or individuals but in the small sums of \$3 to \$5 from individual nurses working in remote quarters of the country,—\$25 from a nurse in Canada, and \$44.50 from a group of doctors and nurses in far Oklahoma.

While the sum hoped for has not yet been reached, the result of the campaign has been inspiring in the evidences which it has given of renewed interest in our cherished educational Fund, and renewed assurances of the loyalty of nurses to higher educational ideals in work.

The Committee will not rest until the Fund is completed and the amount agreed upon secured, and it will shortly try to devise new plans by which to accomplish the work it has undertaken.

Since the writing of these paragraphs, the treasurer has reported further gifts amounting to \$1118.

PLANS FOR REORGANIZATION OF THE AMERICAN NURSES' ASSOCIATION

From letters which are being received in this office regarding the reorganization of the American Nurses' Association, which is now under consideration by the affiliated societies, we realize that the plan suggested by the Revision Committee which cuts off direct representation from the alumnae associations to the national, comes as a good deal of a shock to many societies. We are being asked to explain through the *JOURNAL* whether this is the intention. As we understand the plan, this is the intention. The alumnae association would first become affiliated with a county association, and through the county would become a member of the state association, which has direct representation in the national. It is the intention in this plan to elevate the state association and subordinate the county and alumnae associations to it. Such associations could become members of the national only through affiliation with the state.

We hope we have made this clear, so that the associations may send their delegates fully prepared to express their wishes. One of the latest legal developments is that delegates must not be instructed how to vote, they may be advised, however, as to the wishes of their associations.

The point which has not yet been worked out in detail is the manner of representation from the states into the national. Some plan will have to be devised by which such representation would be equally distributed among the affiliated associations and would not all be from one large, dominating nursing center.

We want to again emphasize the point that all of these proposed changes are because of our great numbers. We have become, as an association, absolutely unwieldy. If we are to go on as we are now, the detail of carrying on the work has become so tremendous that it would be necessary to pay a number of people living-wage salaries to conduct our business.

It is for the associations to decide how they want the affairs of the national association to be conducted. It is not probable that such a weighty matter can be decided with only one conference or that any definite conclusion will be reached at New Orleans. It should be borne in mind, however, that the committee that has had this matter in hand has given very careful study to the whole situation and a few people, especially the chairman, have spent practically the whole winter over it. The directors of the three national organizations have discussed the plan from all points of view at their conferences in October and January and the recommendations of the Revision Committee have been altered

again and again to meet their objections or to include their suggestions. Everyone should believe that the plans have been submitted with the interest of the whole association at heart and in absolutely good faith. The discussion at the convention should be carried on in the same spirit.

PROGRESS OF STATE REGISTRATION

We understand that there has been some agitation in New Jersey, brought about by the dissatisfaction of some of the superintendents who were unwilling to comply with the educational requirements of the Board of Examiners, but it has ended with a unanimous endorsement of the action of the board and all the schools are being brought up to the standard which it has fixed. Maryland, Massachusetts and New York all have bills before the legislature for the improvement of laws which have been in existence for some time.

CANDIDATES FOR NATIONAL OFFICE

Before this number of the JOURNAL reaches our readers, the ticket of nomination for officers of the American Nurses' Association, to be voted on at the New Orleans meeting, will have been mailed to the affiliated associations and individual members. As is our custom we give slight sketches of those whose names appear on this ticket.

Annie W. Goodrich of New York, who needs no introduction, is re-nominated for president, there being no second candidate.

For first vice-president both candidates are from Chicago. Mary C. Wheeler is well known as a graduate of the Illinois Training School. She was formerly superintendent of Blessing Hospital, Quincy, Ill.; was secretary of the first Board of Nurse Examiners of Illinois and is now superintendent of the school of her own hospital. She was at one time president of the National League of Nursing Education and has served on various committees of both that and the American Nurses' Association, being at present one of the directors of the latter.

Adda Eldredge is a graduate of St. Luke's Hospital, where she has been instructor of nurses for seven or eight years, though she is this winter studying at Teachers College. She was active in helping secure the nurse practice act in Illinois, she has been president of the Illinois State Association and has been for three years first vice-president of the American Nurses' Association.

For second vice-president, both candidates are Johns Hopkins graduates. Elsie M. Lawler is now superintendent of nurses of the Johns Hopkins School and is also president of the Maryland State Association.

Louise M. Powell, a graduate of the course at Teachers College, is superintendent of the training school for nurses connected with the University of Minnesota.

The candidate for reelection as secretary is Katharine DeWitt, a graduate of the Illinois Training School, Chicago; assistant editor of the AMERICAN JOURNAL OF NURSING; formerly, for many years, a private duty nurse.

For treasurer there are two candidates. Mrs. C. V. Twiss is a graduate of the New York Hospital, she served for four years as president of the New York State Association; she has served as director and on various committees of the American Nurses' Association and is now completing her sixth year as its treasurer, an office which now includes the care of the resources of the Relief Fund.

Sarah E. Sly of Birmingham, Mich., is a graduate of Harper Hospital, Detroit. She has been president of the Michigan State Association and of the American Nurses' Association, also secretary and director of the latter. She is now chairman of the Committee on Revision of By-Laws.

The four candidates for director, two to be chosen, are: Dr. Helen P. Criswell, whose one-year term is just expiring, graduate of the Children's Hospital, San Francisco and of a school of dentistry; a woman who has rendered conspicuous service in her own state as president of the state association and as one of the Arrangements Committee for last year's convention;

Minnie H. Ahrens of Chicago, graduate of the Illinois Training School, head of the Infant Welfare work, formerly superintendent of Provident Hospital, now president of the Illinois State Association;

S. Lillian Clayton, a graduate of the Philadelphia General Hospital and of the course at Teachers College, assistant superintendent for a time at the Illinois Training School, now superintendent of nurses at her own school;

Arabella R. Creech, graduate of the Elizabeth General Hospital, president of the New Jersey State Association and a member of the Board of Nurse Examiners; chairman of the Nominating Committee of the American Nurses' Association and a private duty nurse.

THE EDUCATIONAL FUNCTION OF THE HOSPITAL

By WINFORD H. SMITH, M.D.

Baltimore, Md.

Writing on the subject of education, Herbert Spencer said: "To prepare us for complete living is the function which education has to discharge." The old theory of education was that it was the acquisition of knowledge; the new theory as promulgated by Spencer, is that it is a training of the mental faculties, so that in addition to knowing about things, we are also taught how to accomplish things.

The first duty of the hospital is, of course, to provide for the care and treatment of its patients; but it also has a function beyond this, and that is educational. In the broadest sense, hospitals may be said to be educational to physicians, medical students, nurses, patients, employees and to the community. While the majority of hospitals are not so located as to be available for students of medicine, all hospitals to a certain extent are educational to the other classes mentioned.

In a very able address before the American Hospital Association in 1911, Abraham Flexner made the point that hospitals owed a duty to medical education and unless they met that duty, they failed to accomplish their greatest usefulness. He pointed out that many hospitals are so located as to be of great value to neighboring schools, in that it is possible for them to furnish to such schools the opportunity to study groups of patients with all of the possibilities of practical demonstrations and bedside instruction; and that in failing to meet the needs of such schools, they do not embrace the great opportunity of increasing their own usefulness, both in the exercise of their primary function of caring for the sick and in the exercise of their educational function. He also pointed out that many other hospitals which place their facilities at the disposal of poor, unworthy schools, are likewise failing to meet their responsibilities in that they are fostering these poor schools and therefore poor medical education.

It is unquestionably true that hospitals are becoming each year more and more important factors in the preservation of the public health. There is a constantly growing appreciation of what the hospital means to those who are ill, of its possibilities for educational work and for investigation and research, which while not interfering with the actual care of the patients (the result being quite the contrary), present possibilities of a greater service to mankind generally. The

hospital which welcomes teaching within its walls insures more careful methods, more careful study of the individual case and, generally speaking, better and more thorough treatment for its patients.

In this country we have been surprisingly slow to grasp this fact, considering that the growth of the hospital movement has been so rapid. It is quite probable that the rapidity of hospital development in America has been largely responsible for the lack of appreciation of the larger opportunities. It was only a few years ago that the hospital in this country was considered the place of last resort. Today almost a complete reversal of opinion has taken place and it is now considered the place of first resort for anyone who is seriously ill. With this growing appreciation of the value of the hospital, there has occurred a mushroom-like growth of hospitals, attended with all the evils of too rapid development, namely lack of standards of organization and management, lack of standards as to support, poorly formulated plans, mismanagement and failure to comprehend the greater possibilities of the movement.

Within the last few years, however, there has come a broader conception of what the hospital stands for and of its greater usefulness. This is largely true because of the educational function of the hospital. I have said that the hospital is educational to practically all who live and work within its walls, and to the community as well. Who can doubt that the employees working day after day in such an atmosphere must learn something of value in the way of helpfulness to others, something finer and broader by way of appreciation of life's problems, of human frailties, and of self sacrificing service to others? Who can doubt that the patients, many of them at least, learn these same lessons and at the same time learn how to take better care of their own bodies and how not to be a source of danger to others? These are phases of the educational function not often considered, but nevertheless important.

Of the more important phases, let us consider the education of medical students. In the so-called teaching hospitals, thousands of medical students are trained each year, both in theory and in practice. They are enabled to interview patients and thereby learn how to elicit the necessary information. They are taught what facts to emphasize and what to ignore, what to retain and what to discard. They learn how to examine a patient in order to bring out the abnormal conditions. They learn from the teacher and by actual experience how to recognize a condition and how to reason from the phenomena presented back to the conditions underlying them. Furthermore, having learned at the bedside to recognize abnormal conditions, they learn also what is the proper therapeutic measure, and how to carry it out, which is quite as

important. They are taught not only about a thing, but how to perceive the thing itself. The hospital, then, is the training school for thousands of young men, who go forth each year to give to their fellow man the benefit of that knowledge.

Again, every hospital has its resident staff, numbering all the way from one to a hundred. These young men, already recognized as physicians, continue for one or more years to serve the hospital in order to acquire additional skill in diagnosis, in treatment, in operative technique and in powers of observation and reasoning. Then, too, there is the senior staff of physicians and surgeons, who by the study of large groups of patients, by the experience gained in operating upon large numbers of patients, acquire a skill and technique which makes them authorities in their subjects and leaders in their profession.

In the laboratories, also, are those men who devote their lives to careful routine study of all conditions found, to constant experimental work, as the result of which new facts are being discovered which add to the knowledge of disease and the methods of combatting it. All of this means progress and benefit to mankind.

To the community in which such an institution is located, it has an enormous educational value. The effect which the standards and principles of such an institution has on a community, the development of public interest in these principles, the effect of this group of thoughtful, earnest, skillful workers cannot fail to have a very practical value in the development of public hygiene, better sanitation, better living conditions, and a higher plane of existence.

I am aware that I am telling you nothing new, that in fact, I am only repeating in a little different form what has been said over and over again. Nevertheless, it seems to me that it bears repetition, for the true value of the hospital, in the broadest sense, is not yet generally recognized.

There remains one, a most important phase of the educational function of the hospital—I might say the most important phase—namely, the education of the nurse. I wish to dwell at some length on this subject, because of the need of a more accurate perception of its possibilities. The training school for nurses represents one of the most important departments of the hospital, both because of its function in nursing the patients and because of the public demand for trained nurses.

It is an interesting fact that those who organized some of the early schools had a much better conception of the need of nurse training schools, as educational institutions, than those who are responsible for the majority of the schools of the present day. For example, in the report of the Training School Committee of the Bellevue School, which

was one of the earliest schools established in this country (probably the second), we read the following inspiring and farsighted statement of their aims:

In the course of time we propose to benefit not only Bellevue but all the public hospitals, and also to train nurses for the sick in private houses and for work among the poor.

As the work advances we hope to establish a college for the training of nurses which will receive a charter from the state and become a recognized institution in the country. Branches of this college would be established in connection with hospitals devoted to particular diseases, such as the Woman's Hospital, etc., so that in course of time nurses trained for the treatment of special diseases will be as easily obtainable as physicians. Connected with the college would be a home for nurses, whence they would be supplied with employment and provision made for them when ill or disabled by labor or advancing years. The nurses when trained would receive a diploma or certificate, renewable at fixed periods. Thus the college would control their nurses during their state of pupilage and protect the public from imposition by making it known that a nurse whose diploma or certificate was not in due form had forfeited the confidence of the institution.

The work before us is not an inexpensive one. It should not be regarded merely in the light of a work of benevolence, but as a system of education, calculated to benefit thousands in all ranks of life and, like the quality of mercy, blessing him that gives and him that takes.

Not many training schools for nurses have been started with such a broad conception of the needs, the aims or the value of such a school, as an educational institution. I have said that the growth of the hospital movement has been remarkable. The growth of the nurse training school movement has been equally rapid, for the two have developed together. To this fact, we must attribute many of the difficulties which now attend every effort to standardize these schools and to raise the standard of nursing.

To be more explicit, practically every hospital of any size has its training school for nurses. In the majority of these instances, the hospital has established the school, not with any deep-rooted desire to train nurses for the purpose of serving the public generally, or because of any particular interest in education along this or any other line, but with one idea paramount—to get the nursing work of the hospital done in the simplest and cheapest possible manner. Even a superficial study of the situation will convince one that this is not an exaggeration, and that the majority of boards of trustees, medical boards or ladies' committees, have no conception of the great part which the nurse is playing today in all humanitarian work, nor of the increased demand for educated, thoroughly trained nurses for all phases of public health work. They think of her only as the pupil and as the private nurse.

Many of these schools, I am almost tempted to say the majority, have standards of admission too low or too elastic, have courses of instruction too meager and too spasmodic, and subordinate too completely the interests of the school, as a school, to the practical needs of the hospital. This does not accord with my idea of the educational function of the hospital. The point has been made by Mr. Flexner that hospitals owe a duty to medical education, and we heartily agree with him. I would also make the point that hospitals owe a duty to nursing education, and that this is particularly a function of the hospital.

That the trained physician and surgeon play a very important part in the general scheme of life, none will deny. Does anyone believe that the physician and surgeon could begin to do the splendid work which they are doing today without the trained nurse? Without detracting one whit from the credit due the physician and surgeon, we must admit that medical and surgical technique would hardly be what it is today, had it not been for the development of the trained nurse to supplement his work and to assist him in carrying out the complicated and technical procedures of modern practice. That good nursing is often quite as essential as good medical attention, and that it is often equally responsible for a favorable result, none will deny. Furthermore, the better trained a pupil is, the better nurse she will be. A nurse cannot be overtrained any more than a physician can be overtrained.

If the hospital owes a duty to medical education, it also owes a duty to nursing education, for the same reason applies, namely, the need of such education in the interest of humanity. Only a few hospitals are available for teaching medical students, while many hospitals can educate nurses, and every hospital large enough to properly support, and which properly conducts a training school, renders a great public service by so doing.

The trained nurse is now called upon to perform work which was never contemplated in the beginning. Even the broadest conception did not in the early days conceive of a service much wider than that of skilled attendance upon the sick. In the present day, however, she is a therapeutic agent of great value. She is called upon in almost every phase of our civic and social life to organize, to systematize and to teach, as the private nurse, the visiting nurse, the school nurse, the health department nurse, the rural nurse, sanitary inspector, etc.

Prof. C. E. A. Winslow, of the College of the City of New York, writing on the education of the public health nurse, says:

We need expert sanitary engineers to build and operate our public works; we need sanitary physicians to deal with the broader communal aspects of the spread of communicable disease; we need sanitary bacteriologists and chemists and

statisticians to furnish the special expert knowledge by which all these activities must be guided. More than all, however, we need large bodies of sanitary educators to bring our knowledge to bear on the individual citizen who alone can make so much of it effective. Some of these missionaries of sanitation will be physicians, but most of them will be nurses. And that is why in my judgment, the visiting nurse is the most important figure in the modern movement for the protection of the public health.

Dr. J. H. Mason Knox, late president of the American Association for the Study and prevention of Infant Mortality, writes as follows:

In the last analysis, however, all our work hinges upon the better care of individual babies coming under our influence, and it is here that the trained nurse should be given first place, both because of her unique opportunities and because of the good results which she has and does accomplish.

Testimony of this character can be quoted ad infinitum.

Recognizing, then, the desirability and the necessity of training nurses, we may ask is this the function of the hospital? I believe it is distinctly and peculiarly the function of the hospital. I have never been able to believe in the idea of a detached central school, where the pupils will receive their preparatory and theoretical training, and from which they may be sent out to hospitals on assignment, to receive their final and practical training. Such a plan can undoubtedly be made to work, but in my opinion it is not ideal. Experience in medical education should teach us that. The medical school which gives the first two years in one place and the last two in another, is not as desirable as the one (all other things being equal) which enables the student to spend all four years in the same environment. It is not as good for the student and is not as healthy for the development of the school itself. The same principle applies to the training school for nurses.

The training school for nurses, as well as the medical school, must have the facilities for practical training and actual experience in order that the education may be well rounded and complete. Hospitals exist to serve the public. In the broadest sense, then, the hospital should develop along all lines which tend to public service, which are related to public health, and which do not interfere with its primary purpose. In no other way can it attain its fullest efficiency. There are many hospitals, as we all know, which are now exercising this function. In fact, to a greater or lesser extent, they all do. There is, however, a need of standards, else there is danger that the profession of nursing will become filled with quacks; that the public will be led to accept poor service when the best is needed; that worthy young women will be misled into believing that they are to receive a thorough training, when they are offered only an imitation and superficial training, for which

they must give from one to three years of hard, faithful, honest service; danger that the vast possibilities for public service by a profession of skilled workers may be lost because of the failure to foster the growth of this profession and to protect it from commercialism and low standards.

What are the standards needed? In the first place, it should be recognized that this movement which started out simply to meet a hospital need has developed into an educational movement, in response to a vastly more important and vastly broader need of the public at large. In order to safeguard this movement, therefore, each state should standardize its training schools for nurses, and registration should be compulsory as with the physician.

In order that their graduates may be eligible for registration, schools should be obliged to adopt a fairly uniform curriculum, and to give training in all necessary subjects, or else affiliate with other recognized schools capable of supplying training in the subjects in which the weaker school is deficient. Only those hospitals which have more than a minimum number of beds and which are so-called general hospitals, should be recognized as capable of conducting training schools.

Compulsory registration is likewise important; in my opinion, quite as important as for physicians. These are fundamentals and can be met by legislation. In order to insure the educational machinery, endowments for schools are extremely desirable; or at least a certain definite budget should be set aside for strictly school purposes.

Many arguments are heard against such measures, as, for instance, the difficulty of getting a sufficient number of nurses to carry on the work of the hospital, and the need of cheaper nursing service for people of moderate means. With regard to the first, it has not yet been demonstrated that raising the standard of the profession would not attract more applicants to the schools. If such did not prove to be the case, then the training of nurse assistants, or attendants, would undoubtedly meet the situation.

As for the second argument—the need of cheaper service—the same can be said of physicians, yet we are constantly raising the requirements of medical schools and are now considering the desirability of a fifth, or hospital interne year, before allowing the physician to practice. We would not think of recommending half-trained physicians. Then why consider half-trained nurses. The need of hospitals arises partly because of the inability of poor people to employ doctors. Why not consider the hospital as meeting the need for nursing as well? At any rate, if a substitute is needed, let it be found without interfering with the development of, and without lowering the standards of, the nursing profession.

In closing, I wish to repeat that in my opinion it is high time that the medical profession and the public should recognize the importance of high standards in the education of the nurse, and should demand compulsory registration for the nurse, as well as for the physician, the pharmacist, the dentist, the osteopath, and the barber. The hospital should play an important part in all of these movements.

The effect of merely intellectual training in what is commonly spoken of as "useful knowledge," is too often to make one selfish, self-centered, and too much absorbed in the mere mechanics of education, to the neglect of the education of the heart. Training in a hospital is not confined solely to the intellectual sphere; there is also a training in duty, in genuine altruism, in devotion to others and in self-sacrifice for the public good. "To prepare us for complete living is the function which education has to discharge." To prepare us for broader usefulness in public service is a function which the hospital has to discharge.

PRACTICAL HINTS FOR NURSES

By BERTHA H. PHILLIPS, R.N.

Rochester, N. Y.

To stimulate the pores of the skin and prevent excessive perspiration vinegar may be added to the sponge bath in the proportion of an ounce of vinegar to a quart of water.

Where it is not possible to secure fresh eggs a teaspoonful of vinegar added to the water in which it is cooked prevents the yolk from breaking and restores the freshness of the flavor.

An improvised ice bag, which will drain off the water as it melts, may be secured by filling a rubber douche bag with ice. To close the mouth it may be folded over and enclosed between two sticks held together at either end by rubber bands, the tube being allowed to drain into a convenient vessel.

To remove the sharp edges from ice it may be placed in hot water and quickly removed.

Cracked ice for use during the night may be wrapped in a flannel and placed in the refrigerator in a bowl. This will obviate disturbing the family of a patient by the pounding of ice.

To keep rubber gloves submerged while sterilizing, first fill them with water.

SHALL THE PRIVATE NURSE OPEN A CONVALESCENTS' HOME?

BY AN AMBITIOUS GRADUATE

After eight years of private nursing I decided to invest my savings in a home of my own and to take patients to board. I rented a house in the country, located on a beautiful New England hillside, and after furnishing the house attractively, I sent word to physicians who had employed me in private duty, that I was taking convalescent patients into my house, where they could obtain rest, quiet, good food and nursing care. I also advertised my home in papers that devoted a column to "Homes for Invalids." So many graduate nurses have been interested in my work, and have expressed their desire to me to take homes and open them to patients, that I wish to give to nurses in general some of the truths my experience has taught me. Many who have this enterprise in mind are nurses who are in middle life. They desire to own a home of their own, where they may feel established and settled for future years of service. They have saved, perhaps several thousand dollars, and they see no better way to provide for their future than to make a comfortable home and to take patients to board.

Before telling my experience in this field of nursing, I will give a short description of my Convalescents' Home, to convey to nurses the surroundings from which I write. In no other way can I give the impression of what a desirable location I have, and yet my labors to make ends meet have been unceasing.

"Belvoir," so named from the beautiful view I have from the windows and porch, is set on a hillside in the middle of twenty acres of land. To the east are the three Blue Hills of Milton plainly in sight, and to the west, Mount Monadnock some twenty miles away, stands out to greet us. The location for invalids is ideal. There is a piazza on three sides of the house and nearby is a pine grove with beautiful sheltering trees. Both places are supplied with hammocks and comfortable chairs, where rest and seclusion can be enjoyed when the weather is fine. In doors and out of doors all makes for harmony, and many physicians have praised the location as ideal for invalids. There is every modern convenience in the house, and a large vegetable garden, orchard, and poultry yard from which to supply the table with good things fresh from their source. To improve and make attractive these surroundings has been my work for five years.

I am convinced that there is an increasing demand from physicians and the public for the small private sanitarium or convalescents' home. In years to come, when the theory of not housing together great numbers of patients suffering from the same disease is put more into practice, nurses opening these homes will not find the financial risk so hazardous as it is at present.

Nurses about to open convalescents' homes should bear in mind two things; first, that competition is very keen, and that the financial returns may not be as large as in some other field of nursing; second, a nurse should consider her own fitness for the responsibility she is undertaking in caring for the kind of patients that go to such homes. Today many physicians have their own private sanitariums or are financially interested in one managed by someone else. In these places patients receive medical care, board and nursing. The graduate nurse having no physician in charge is only able to give board and nursing care, and the rates charged are correspondingly lower than those in sanitariums of which doctors are at the head.

In a small country house or suite, such as a nurse would open to convalescent patients, she is handicapped in her surroundings. It is impossible to class certain kinds of patients together. For instance mental and nervous cases cannot readily be handled with other forms of human helplessness. In a small house, patients must be congenial to keep the atmosphere of the home happy. Where patients meet at a common table and come to the living room for recreation, the nurse in charge must carefully select the patients that apply for admission, weeding out those who seem undesirable, that she may keep those already in the house.

Today many private families take invalids into their homes to board to add to their incomes. Country people with small farms and nurses who have married, frequently take patients convalescing. The great number of these homes open to patients and the low rate charged for board and nursing care, make a serious handicap to the nurse who is making her living from this source. All small sanitariums advertise extensively for patients, and to keep her rooms full a nurse is forced to do this. It proves to be a very expensive plan in the course of the year. The proverbial high prices paid by patients in convalescents' homes I find to be more or less mythical. Without medical attention and for board and nursing care \$18 per week is the average rate paid, and \$15 per week and as low as \$12 is often accepted. I find the low rates are more common and are usually about what patients expect to pay, and are often more than they can afford.

A nurse may have been very successful in private work and she may be in excellent standing with many reputable physicians; when she tells them she is to open a sanitarium, they all promise to keep her home in mind and to send her patients when they know of someone needing a quiet resting place. This is very encouraging to the nurse, and she is glad to have so many physicians ready to help her carry on her work. However, patients needing rest and change do not, as a rule, take them near home. While they are forced to be idle and are waiting to recuperate they usually like change of climate and scene. They go south, or to Colorado, or to the mountains, and it is rarely that patients go to sanitariums in their own town or city. This brings the difficult problem of getting desirable people into your home. There would be no question as to references for the patients the local physician would send, but for the patients who come from a distance, references are not always satisfactory, at least they do not prove to be so. I will not dwell on the undesirable class of patients that move from one small sanitarium to another, those addicted to drugs, the mildly insane, etc. All of these are to be met in the home of the nurse taking convalescents. References do not cover details and only experience teaches. Patients who make sanitariums their homes migrate like the birds. In opening a house for invalids, this is an important thing to have in mind, choose well your location. Patients usually like to spend their summers in the country on a farm, and with the first flurry of snow they are looking for winter quarters in the city or nearby. To locate in the suburbs of a city where country and city life would be combined is the ideal arrangement, if you would keep your house full the year round.

Nearly every small town has a good hospital and in our cities there are several hospitals. In acute illnesses patients go to hospitals. It is only the nervous, mental, or chronic cases, also the aged, that go to sanitariums. Many nurses who would consider opening a small convalescents' home for the joy it would give them to be in their own homes, have always had a distinct preference as to the kind of nursing they like best and for which they have special adaptability. For instance, many nurses have had no training in mental or nervous cases, and the nursing of chronic cases does not often appeal to them. They like fever nursing and surgical cases, where their patients make good progress and a quick recovery. Many nurses like change of environment and enjoy going from one household to another in their work. In sanitarium work all this is changed. The patients as a rule do not make rapid progress, and the nurse if she has a preference as to the kind of work she likes best finds this irksome.

Then, in conducting her home for invalids, a nurse is not able to get away from her patients, an admonition every doctor and instructor gives to nurses. As in private work you do not get change of environment. You cannot go to the nurses' home when off duty and chat with the other nurses and come back fresh to your patients. There is no time when the case is over, when you go away eager for refreshment and mental relaxation and return to a new case renewed in strength and spirit. When your patients go and you have your home to yourself, there are the empty rooms with rent and household expenses going smoothly on and no income. The unoccupied rooms become another burden, and it is usually necessary for financial reasons to have them occupied as soon as possible, regardless of how long a period of recuperation a nurse may feel she needs.

It is often difficult to make ends meet and to have a little laid by for the rainy day. Food, fuel, and service, besides the constant drain of physical strength come at a high cost. The rent, the upkeep of the house and the domestic service must be paid for the same when the house is empty, or when there is but one patient, as when the rooms are all occupied. In opening a convalescents' home the initial expense must be considered. The cost of furnishing rooms which must be attractive throughout the house takes a large sum from the nurse's savings, and the returns, if one succeeds, are sometimes small for the time, labor, and money involved.

In private work the nurse has one patient. Usually the running of the petty household duties is held by competent hands. The nurse can give of her spirit, her strength, and all her time to cheer, encourage and bring her patients safely along to recovery. In managing a convalescents' home, the nurse must deal with the butcher and the baker, and ere her day is well started, she is many times tired out mentally and physically. The pipes may freeze and the plumber does not come, the cook may leave or be out of sorts, or the dinner is delayed, and so it goes the year round. In keeping the household machinery going in an efficient manner the nurse becomes tired, the good spirits and buoyancy, so necessary to impart to patients, must be forced, and her lack of spirit is readily felt throughout the house by the patients.

Still, with the many attending hardships and financial uncertainties in the life of the nurse conducting a convalescents' home, there are also many advantages. There is the happiness and satisfaction that comes to a nurse when she sees those who come into her home, sorely in need of peace and comfort, refreshed. To the nurse who feels the longing to be in a home of her own, and to work among her own things, this kind of nursing affords the solution. There will always be a place

in the world for one more happy home, and there will always be the worn traveler, unable to make a home for himself, who is supremely blessed in congenial surroundings made by stronger hands. While I get through the hard places in some way, and bear the financial difficulties as I must, I like to think on these few lines and persevere:

There are pioneer souls that blaze their paths
Where highways never ran:—
But let me live by the side of the road
And be a friend to man.

ETHICS AS APPLIED TO THE WORK OF THE SCHOOL NURSE

ETHICAL ATTITUDE TOWARD THE CENTRAL MANAGEMENT

The central management of any organization expects and requires the field workers to entertain a just sense of the duties and responsibilities. Each nurse in public health work incurs an obligation to exert her best efforts to maintain the honor and dignity of the organization which she represents.

Erroneous views respecting the organization often prevail; the public cannot always be expected to judge correctly. It is, therefore, the duty of the nurse to inspire the people with respect and confidence. Here, as in all branches of nursing, implicit obedience is necessary and a nurse must never permit her own opinion as to the fitness of the rules to influence her attention to them.

Reports should be clear and concise, conveying real facts and information concerning existing conditions and should never weary with irrelevant details. To the neglect of correct reports is due loss of time and labor, uncertainty and imperfection of work.

The matter of supplies is important. Care should be exercised in the use of supplies, as the total expenditure is greatly affected by apparently trifling details.

SEGREGATION OF THE DEFECTIVE DELINQUENT

By AUGUSTA M. SPILLMAN

Berea, Ky.

Comparatively few people understand definitely the meaning of this subject.

I am certain that, previous to my experience at the Institution for Feeble-minded, Columbus, Ohio, I knew very little about the mental-defective. I believe it is generally supposed by the public that all patients who are segregated are idiots, but this is not the case; instead, a great number of them are morons, and a number of these morons are defective delinquents.

Just recently, several girls from the Girls' Industrial School, at Delaware, Ohio, were admitted to the Institution for Feeble-minded, and we find that those girls are the most difficult of all our children to discipline. They have to be disciplined, because they lack the power of inhibition and consequently must have some guiding hand to direct them. These girls can never become good, moral citizens, so what is gained by punishing them for a few months or years, and then turning them out to demoralize society and bring children into the world only to fill the states' wards with epileptics, insane and imbecile patients? Would it not be an economy to segregate them all their natural lives and so obviate the expense of having them repeatedly admitted to our industrial schools, reformatories and penitentiaries? Would it not have been better if Harley Beard (who was nine years old, mentally) had been admitted to the Institution for Feeble-minded early in his chronological life, rather than die in the electric chair, after killing three people who might have become useful citizens?

To accomplish much along this line, the superintendents of these institutions must have the coöperation of the professors in our universities and the instructors in our private schools; also the school nurse, the district nurse and private duty nurse can be of great assistance in helping to distinguish the moron from the normal child. A child is sent to school and when he has advanced as far as the fifth or sixth grade there is a retardation in his learning. Oftentimes the teacher is blamed. The ignorant parents, not realizing that he is a mental defective, permit him to leave school (which is all good), but undoubtedly he is permitted to marry, only to bring more defectives into the world.

We should endeavor to teach the people with whom we come in contact the danger of marrying into families where there is history of

insanity, epilepsy or feeble-mindedness, even though the contracting parties are apparently normal. "Every child has a right to be well-born; and if he cannot be well-born, it is better that he be not born at all."

It is a sad fact that the defective class seems to be on the increase. It is estimated that there are 150,000 mental defectives in this country. We have two thousand segregated in Ohio alone, and a large waiting-list, the greatest obstacle being that we have not capacity for more. Dr. Goddard, of Vineland, N. J., which is one of the best defective schools in the country, says "There are three at large to every one segregated." This condition is appalling, if we would once stop to consider what it means to future generations. Dr. Frank Moore, of the New Jersey Reformatory, examined the inmates of that institution with the Binet-Simon test, and as a result, found that 46 per cent were mentally subnormal; an examination of 100 admissions to the Delaware Industrial School by the Binet-Simon test showed that 79 were retarded and that 59 were distinctly feeble-minded. This class comprises the majority of our habitual criminals. The general public has already been educated to the belief that it is good to segregate the idiot and distinct imbecile, but they have not as yet been fully convinced as to the treatment of this brighter and more dangerous class, the defective delinquent. Some suggest sterilization, but we cannot go ahead of public sentiment, so until then we must segregate them to prevent multiplication.

The institution should be, not a place for punishment or penal treatment, but a home for care and education and training. Every one is happy who has something to do, so if we can keep these children busy, they are happy. The brighter girls and boys are in school, but comparatively little is accomplished in ordinary grade work, because they lack the power of concentration. However, much can be and is done with industrial work, manual training and music. Their dull minds can be reached more easily through their hands than through any other channel. Any who would visit the institution would see boys and girls weaving rugs, making hammocks, door-mats, cane-seating chairs, weaving reed and raffia baskets. A great deal of time is spent with music, and all are very proud of the band and orchestra. Much time is devoted to gymnastics, and it is wonderful to see how the development of their muscles seems to brighten their intellects.

It seems useless, sometimes, to try to teach them something they can never do, when there are so many things they can do, the accomplishment of which is not only conducive to their happiness, but makes them more nearly self-sustaining.

SOME HOSPITAL DEVICES AND PROCEDURES

AS USED IN THE MANHATTAN MATERNITY AND DISPENSARY, NEW YORK CITY

By NANCY E. CADMUS, R.N.

When a request came from the editor of the JOURNAL for a "short illustrated article descriptive of new methods and procedures" the words of the wise man of old, when he said, "there is nothing new under the sun" came at once to my mind.

In the following descriptions and illustrations there is no claim made to being the originator in these various devices and methods—they are simply adaptations of already existing things.

Illustration No. 1 shows the table and cart ready for a delivery, the aim being to secure the greatest simplicity possible, and to convey practical impressions to the student nurses.

Illustrations No. 2 and No. 3 show a bed 6 feet long, $2\frac{1}{2}$ feet wide and 2 feet high without castors, $2\frac{1}{2}$ feet with them. This bed is fitted with a Rockefeller brake, an adjustable foot-rail and head-rest. In the first instance it is used to take the patient to the roof, in the second, it serves as an emergency delivery table.

The nurse is wearing the regular equipment used at deliveries and in the background may be seen a screen suspended from a swinging arm, as floor space in this particular place is very limited, thus making a screen frame resting on the floor quite troublesome. When not in use this screen swings flat against the wall, the curtain clearing the floor at all times.

Illustration No. 4 shows an incubator made of aluminum holding an electric lamp suspended in the roof, a usual crib mattress and fittings for the baby, and a thermometer kept under the covers which remains almost uniformly at 100° F. A 15 or 20 Watt lamp with an opaque bulb is used. In this hospital we have a routine regulation to guard against overheating; namely, the current is turned off five minutes of every half hour.

So far as I know this device was first used at Bellevue Hospital, this city. It was suggested to me by Dr. J. C. Edgar, one of our attending staff. It has been used by us for only about two months during which time we have had it almost constantly in use with unfailing success. Its advantages are its simplicity, its provision for a continual supply of new air to the baby, and the ability to keep the baby's ex-

tremities evenly warmed; also the ease with which the nurse may watch the baby.

Illustration No. 5 shows a corner of the nursery on our private floor, where again, because of limited floor space, screens are suspended from swinging arms. Drafts from the door in this corner necessitated some kind of a protection for the babies.

The little electric stove is very helpful in the spring and autumn.

Illustration No. 6 shows patient, bed, nurse, and equipment, ready for a post-partum dressing.

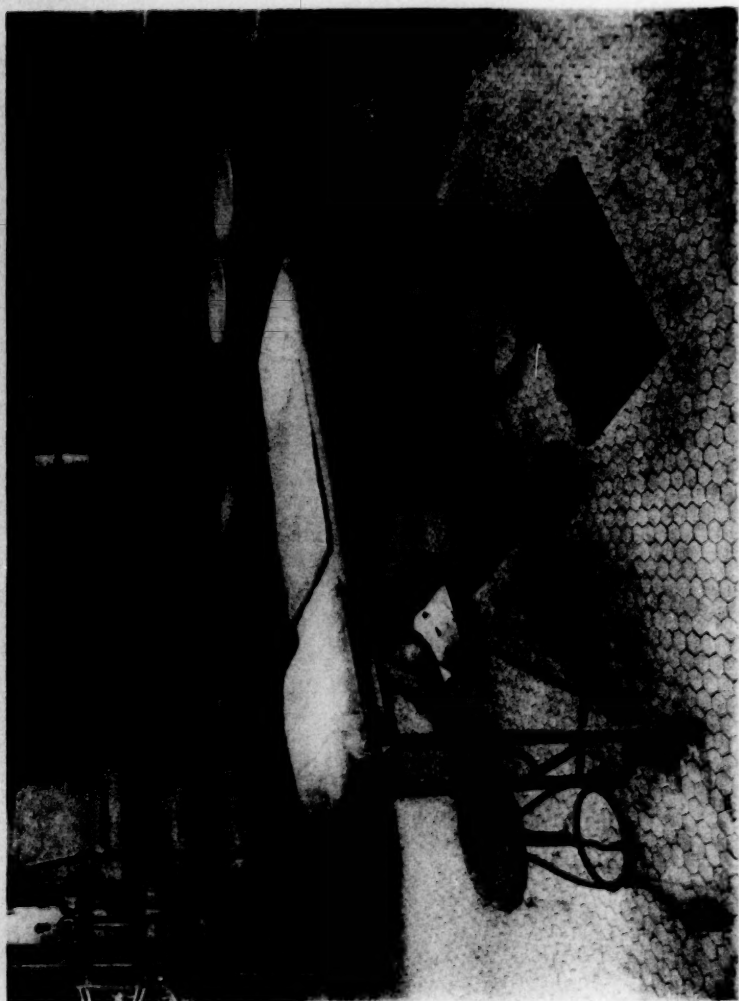
Cut No. 7 shows a nearer view of the dressing carriage. This is an adaptation of that long in use by the Sloane Hospital for Women. The basin in the center is for cotton sponges in a solution, the quart cup contains solution for irrigation, and the hydrometer jar carries the sponge holder in a solution.

The bag suspended from an S hook on a bar of the bed contains eighteen cotton sponges and six vulva pads, enough for three patients when dressings follow one after the other. These dressings are sterilized in the bag. The large pitcher contains an extra supply of solution to replenish when the quart cup is emptied. Each patient has her own sheet for draping kept in her bedside table and it is repeatedly used unless it becomes soiled.

The nurse rolls her sleeves above her elbows and thoroughly washes her hands with soap and warm running water but does not scrub or disinfect them. She cleanses the patient entirely by irrigations and by sponging with sponges grasped by the sponge holder, thus eliminating the need of disinfection of the hands. The time required to do a post-partum dressing from the placing of the screens about the bed until the nurse has finished is about fifteen minutes.

Illustration No. 8 shows a device which has furnished us much relief from the smell of burned rubber. Nipples, breast shield, etc., after being cleansed, are placed in this basket and plunged into boiling water for three minutes. This basket is an ordinary strainer or egg basket to which our engineer attached legs made of galvanized tin. I consider this device a prize.

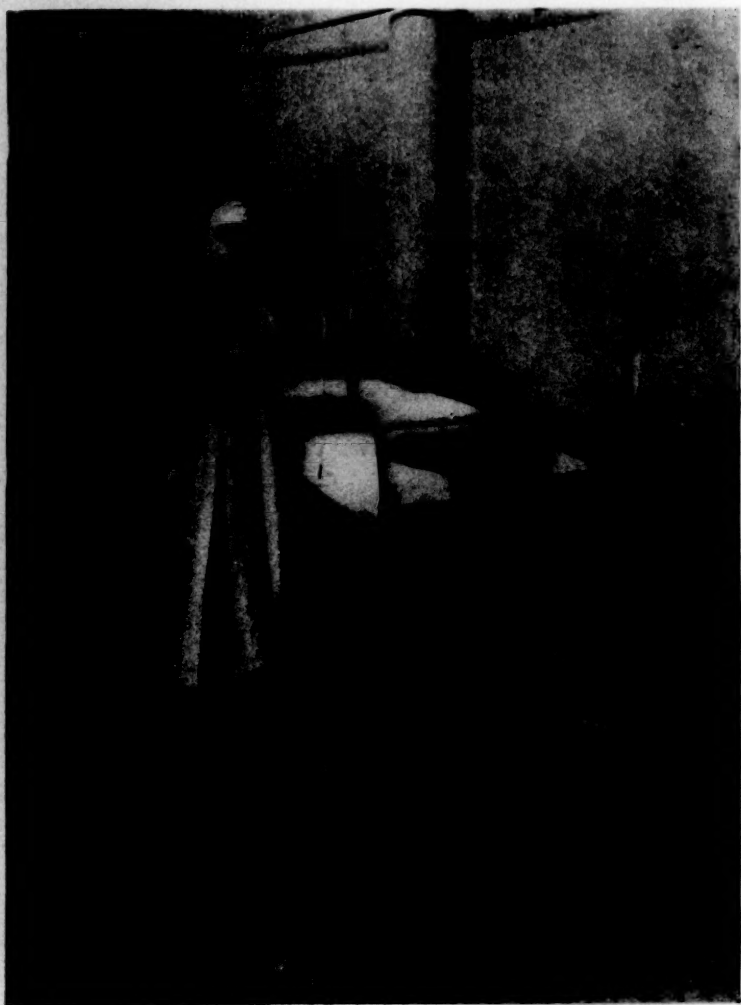
Illustration No. 9 shows another device born of necessity. Because of the location of the windows in our nursery, ventilation without a draft on the babies was nearly an impossibility. These ventilators are made of galvanized tin and consist of an air chamber inserted into an adjustable board which rests in the window under the lower sash. The chamber with an opening in the lower section is dropped back of the radiator thus causing the introduced air to pass through the heated air from the coils of the radiator. The intake of air is controlled



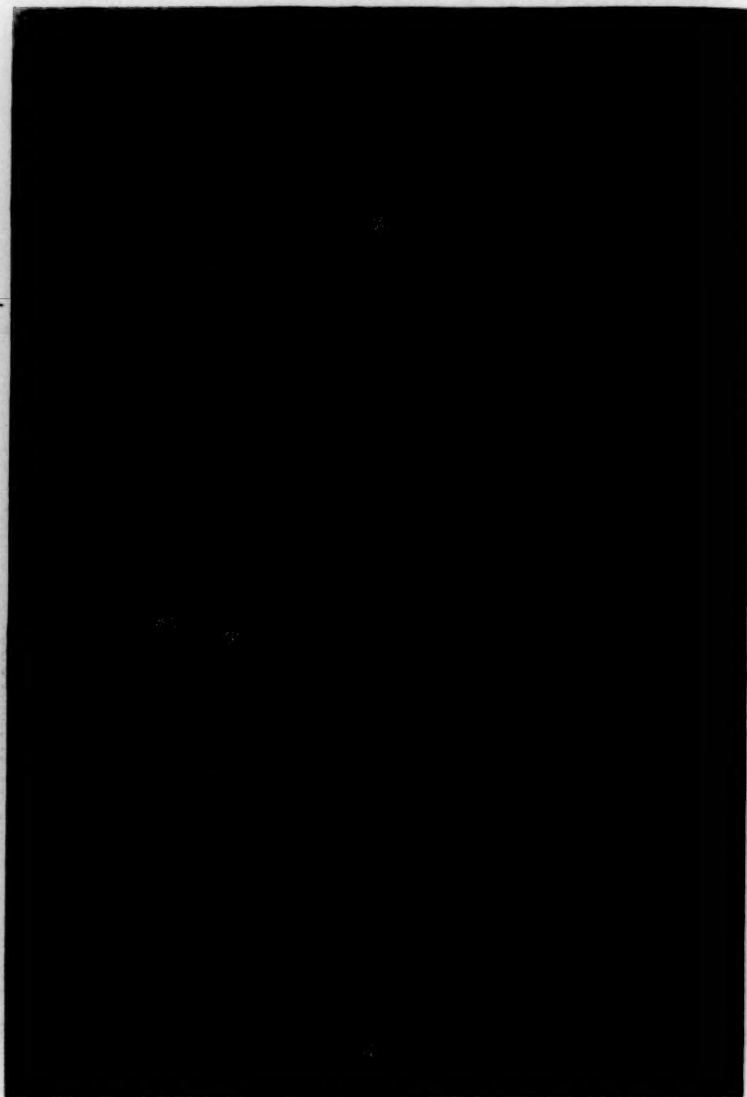
NO. 1. TABLE AND CART READY FOR A DELIVERY



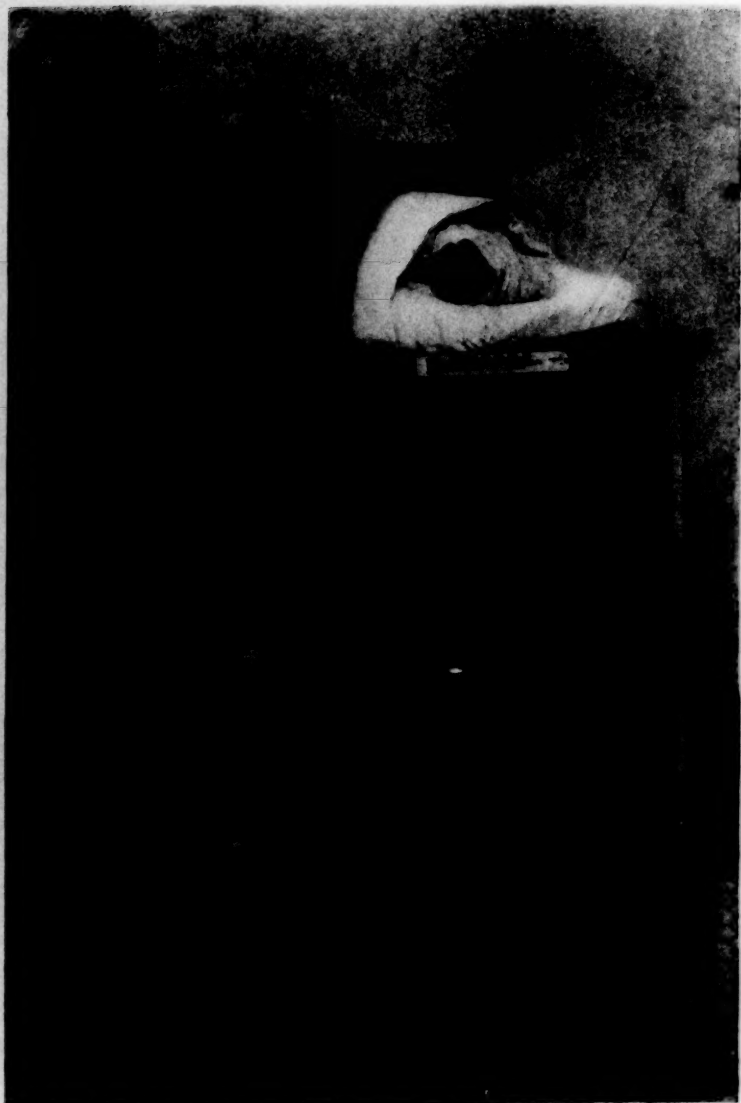
NO. 2. PATIENT ON BED READY TO GO TO ROOF



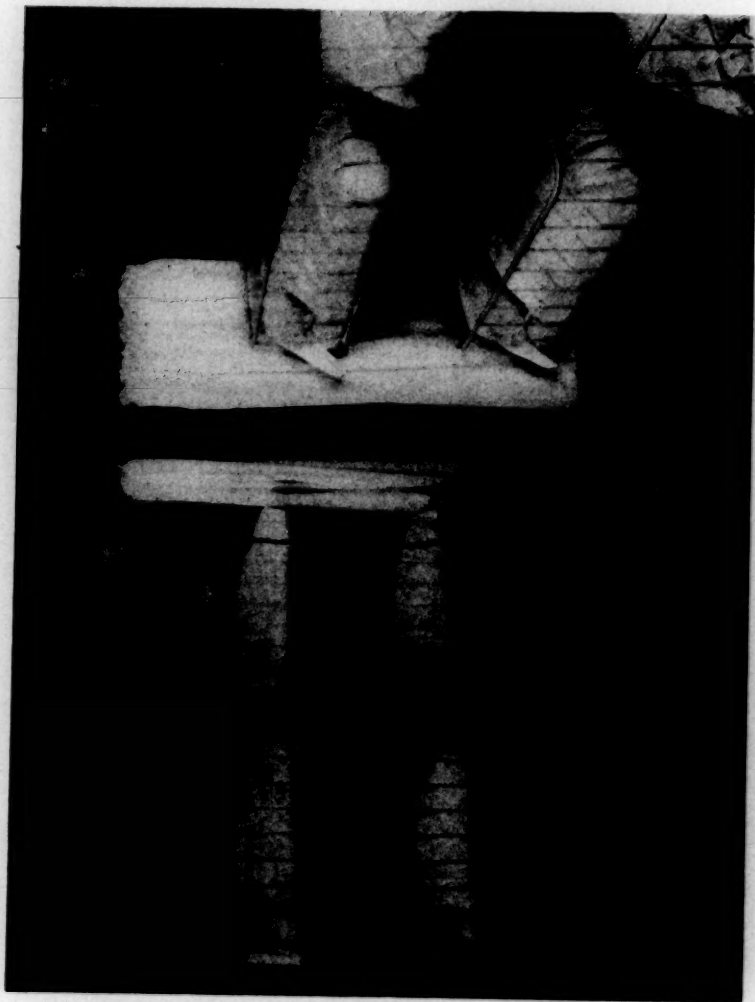
NO. 3. 1. SAME BED USED AS AN EMERGENCY TABLE
2. NURSE IN DELIVERY ROOM UNIFORM
3. SCREEN HUNG ON SWINGING ARM



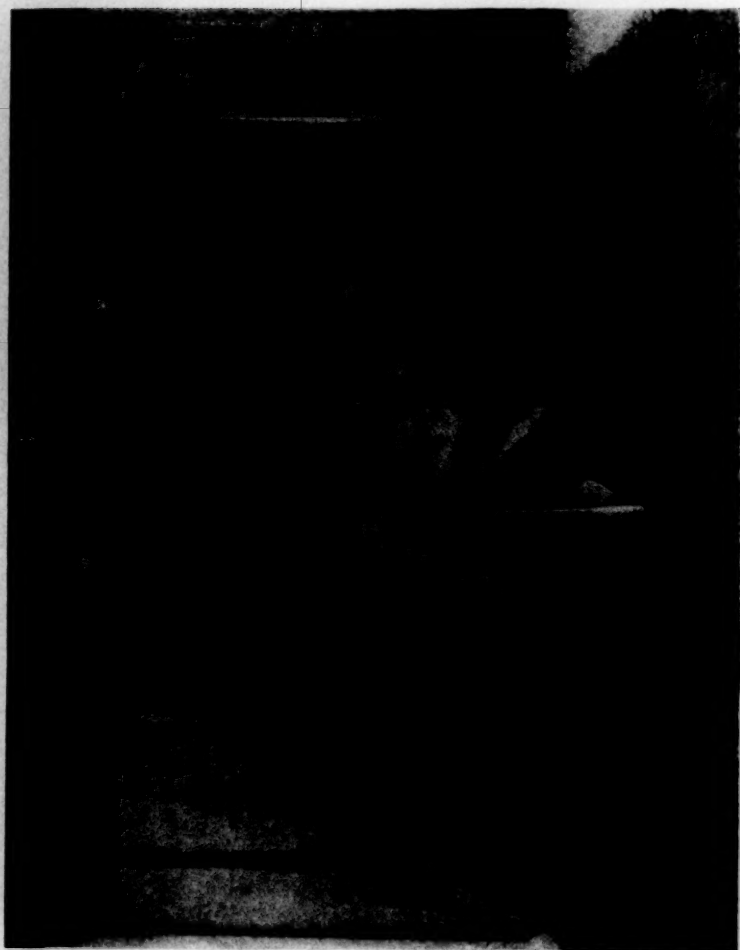
NO. 4. INCUBATOR CAPABLE OF FREE VENTILATION
SIDE VIEW



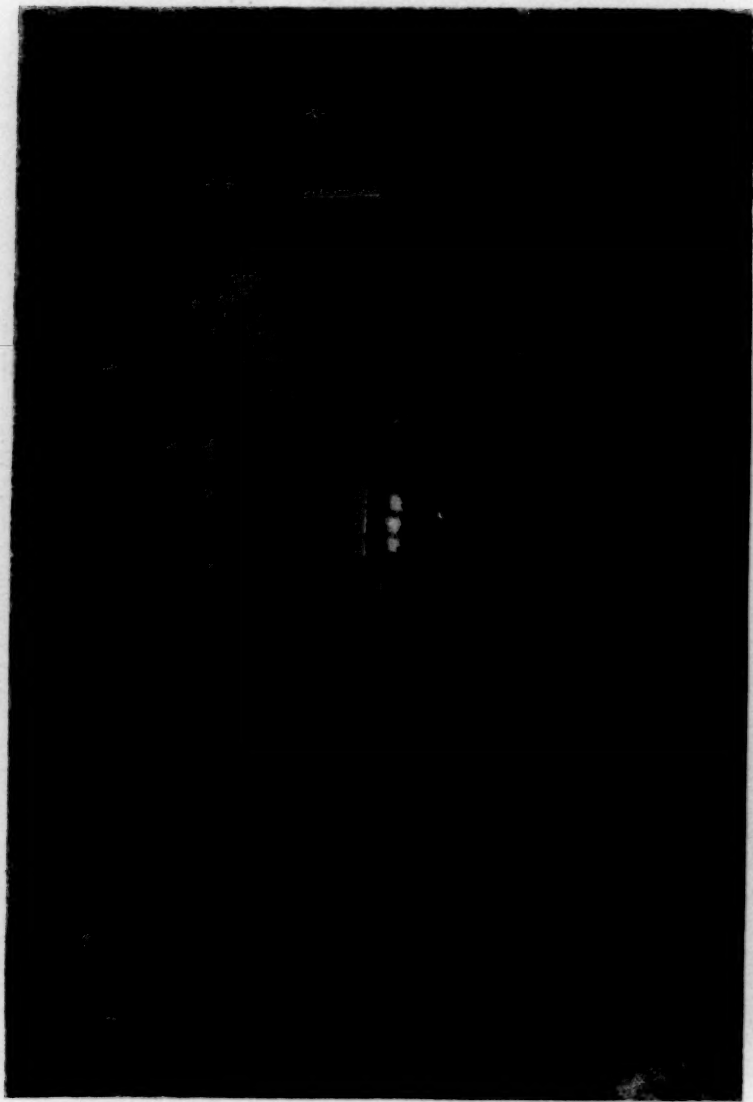
NO. 4. INCUBATOR CAPABLE OF FREE VENTILATION
SHOWING INTERIOR



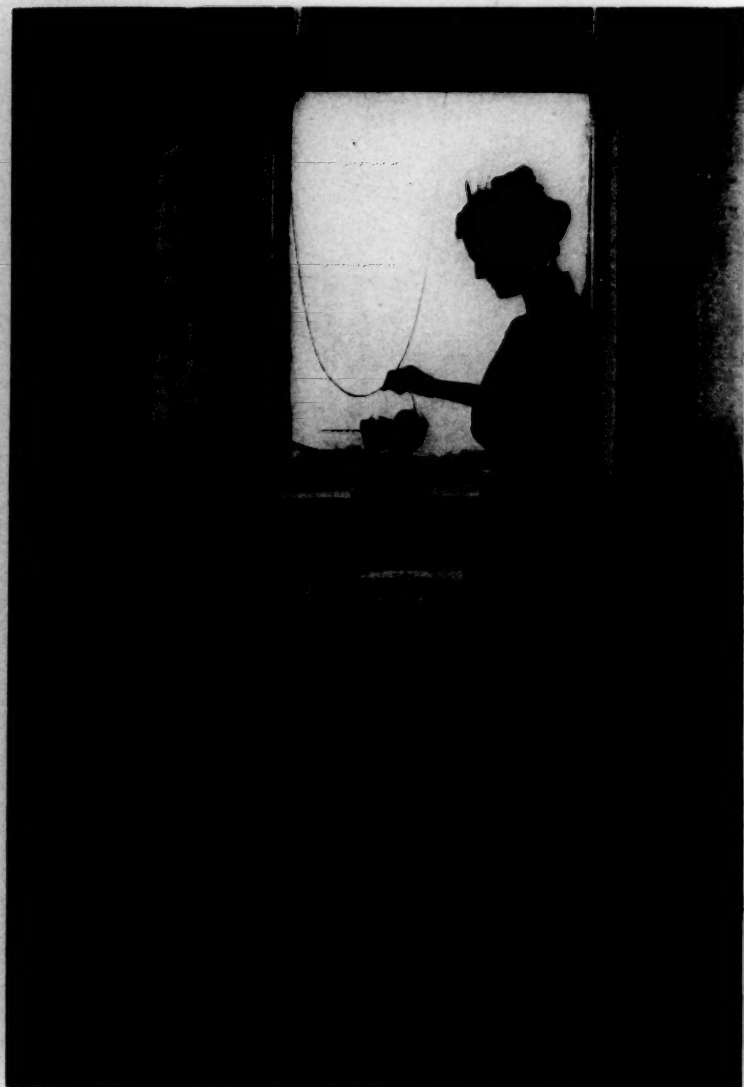
NO. 5. CORNER OF NURSERY SHOWING SWINGING SCREENS AND ELECTRIC STOVE



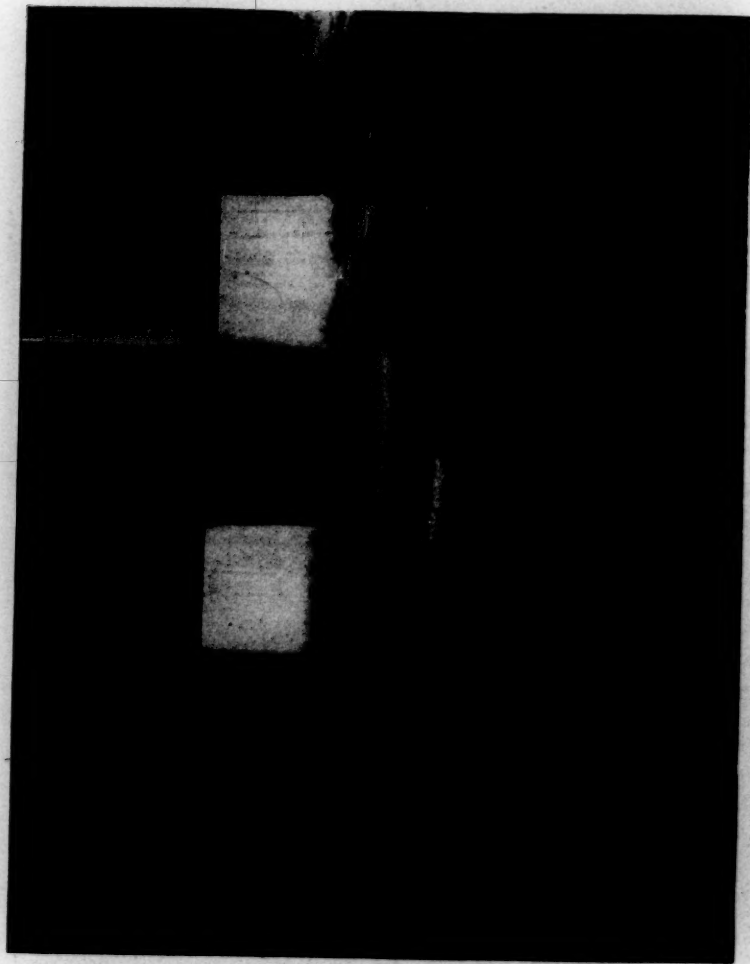
NO. 6. READY TO BEGIN A POST PARTUM DRESSING



NO. 7. A NEARER VIEW OF THE DRESSING CARRIAGE



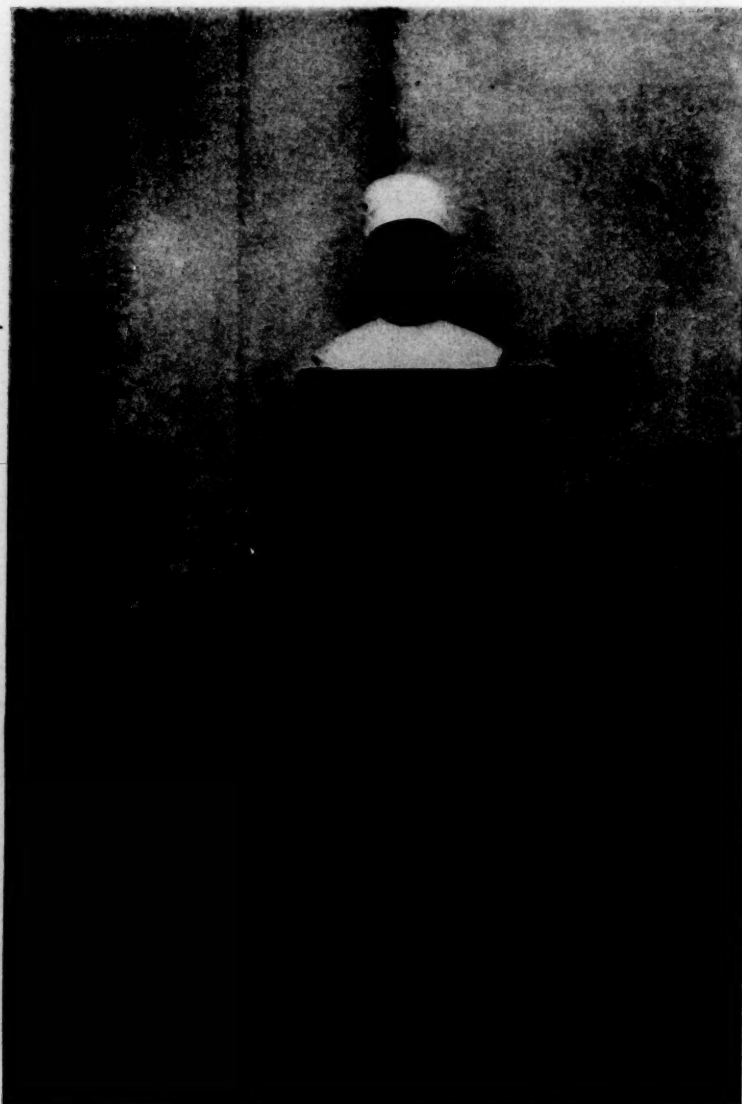
NO. 8. NIPPLES, BREAST SHIELD AND BREAST PUMP IN BASKET



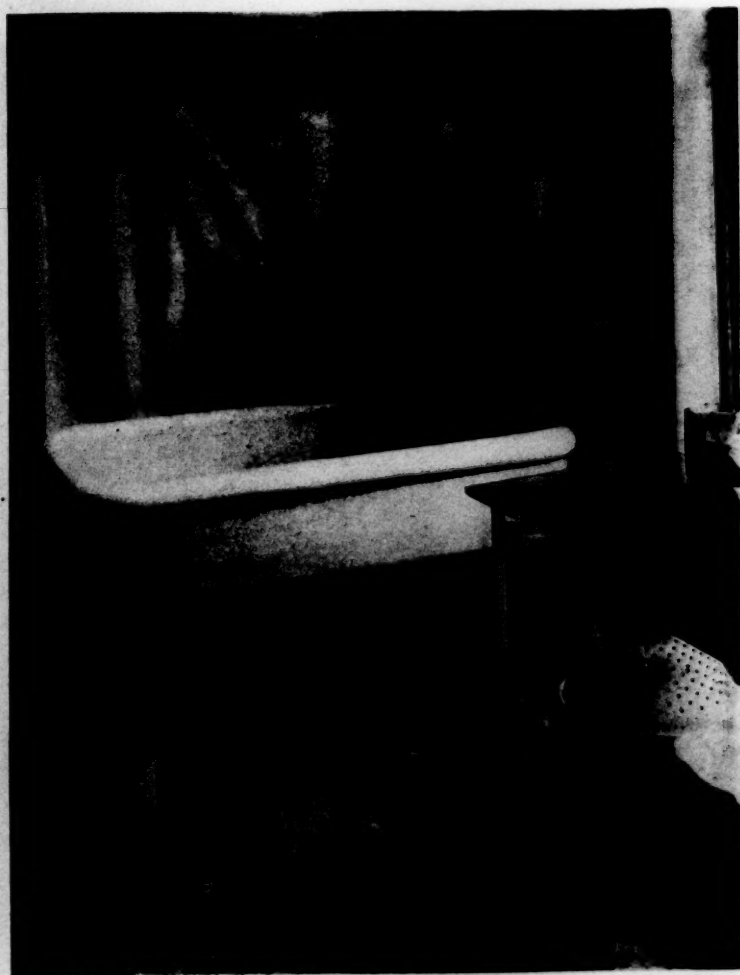
NO. 2. VENTILATORS IN WINDOWS—MODEL ON TABLE (X)



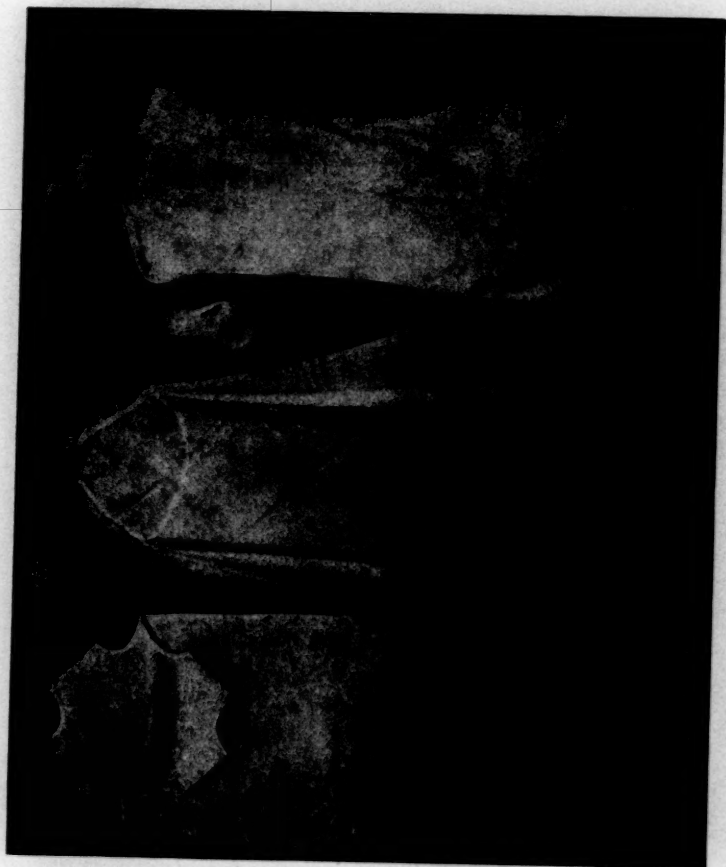
NO. 10. SUNDAY'S SUPPLY OF DIAPERS



NO. 11. REMOVABLE BAG USED TO RECEIVE PAPER BAGS FILLED
WITH DRESSINGS AND SOILED DIAPERS



NO. 12 WALL PROTECTION ABOUT SINK



1. GERTRUDE

2. ROOF SHAWL

3. PREMATURE BABY JACKET

NO. 13

4. CANVAS POCKET FOR VULVA PADS

5. LINING FOR NURSE'S BAG

by a damper just inside the adjustable board, and an indirect ventilation is secured by the lapping of the two sashes of the window.

The model in the center shows the ventilator in outline.

Illustration No. 10 shows the head nurse on Sunday opening a box to secure a supply of diapers which were put aside during the week, box locked, and key put away until Sunday.

This is a simple, homely matter, but it has served a valuable purpose since brought into use. Ten or twelve dozen of each size of diaper are thus put aside.

Illustration No. 11. A double faced, black, rubber bag used in our cans, by means of which the paper bags containing soiled materials are never handled by the porter who places a clean rubber bag in the can as he removes the used one. When emptying the contents, he permits the bag to turn wrong side out, after which it is subjected to a cleaning process and is next used with that side out.

Illustration No. 12 gives a plan whereby walls about a sink are protected by white, enameled cloth curtains, bound with white tape, and suspended on small cup hooks inserted in a light bar of wood.

Illustration No. 13 gives a picture of the Gertrude and the roof shawl used by our babies, a premature baby jacket made of eiderdown, and two devices used in the nurses' district bags; namely, a round canvas pocket for vulva pads and a canvas lining for their bags.

All will agree with me that in the above there is nothing really new, but I trust the study of the pictures and descriptions will prove to be of interest.

DISEASES OF THE EAR, NOSE AND THROAT

By CHARLES R. C. BORDEN, M.D.

Boston, Mass.

THIRD PAPER: MASTOIDITIS

Immediately behind the auricle is a thick, rounded mass of bone which is known as the mastoid process. Within this firm structure is a cavity of considerable size. In the average case the cavity is divided by very thin partitions of bone into a number of small cells. These are lined with mucous membrane which is continuous with that of the middle ear. Inflammation of the mastoid cavity, known as mastoiditis, is not uncommon.

Mastoiditis is a process secondary to acute inflammation of the middle ear; in fact, it is an extension of the inflammatory process from one cavity to the other by way of the natural opening or channel between the two. The anatomical position of the mastoid cavity is such as to make inflammation in this locality a relatively dangerous matter. Immediately above it is the cranial cavity, behind it is the cerebellum, and within the mastoid cavity itself runs the internal jugular vein. Thus extensions of infection from the mastoid, in practically any direction, mean grave danger to the life of a patient. In the early stages mastoiditis is not especially dangerous; hence it is of great importance to recognize it at the first possible moment. Scarlet fever, measles, grippe, diphtheria and pneumonia are the constitutional diseases which are prone to have mastoiditis as a secondary complication.

Certain symptoms of mastoiditis are easy to recognize if the observer has the proper knowledge and is on the watch for them.

Pain is a common and distressing symptom of mastoiditis. It is usually a combination of headache and earache and is worse during the night. In adults, pain is a more or less constant accompaniment of this disease. In children, on the other hand, pain is often absent. The mastoid wall in children is relatively thin and is easily perforated by the pus, hence the confined fluid is automatically liberated. This is the reason for the development of sudden swelling behind the ear without previous symptoms.

Elevation of temperature is a treacherous symptom upon which to base a diagnosis. It may be present or it may be absent. It may vary from normal to 105° or more. The writer does not wish to give

the impression that increased temperature is not an important symptom. It is a very important symptom when present. It is a common mistake, however, in otology to assume that absence of fever means lack of infection in the mastoid cavity. When high temperature with marked remissions is present, we have a symptom which is of the utmost importance; it indicates a degree of septic absorption which is a serious matter. A marked chill followed by a high temperature is the most serious symptom of which we know, as it usually indicates extension of infection from the mastoid to the cranial cavity or internal jugular vein; it is an alarming symptom and one which calls for immediate and radical methods of treatment.

Another symptom which appears early in mastoiditis is tenderness on pressure over the mastoid process. The tenderness varies in different cases. The slightest touch may cause pain to the patient, or it may require considerable pressure to produce discomfort. The exact location as to the point of tenderness also varies. It is usually first tender over the tip of the process, gradually extending over the entire mastoid surface. In children, often the first symptom to be noted is a sudden swelling behind the ear. It is not uncommon to have such swellings in the morning when no suspicion of it was present the evening before. This swelling is usually prominent and unmistakable. It is very common during the convalescent period of scarlet fever.

Brain abscess, infection of the internal jugular vein or abscess of the cerebellum are diseases so far advanced that little or no mention of them can be given in a paper of this kind.

Chronic Suppurative Otitis Media.—Chronic Suppurative Otitis Media is a disease in which, as the name applies, there is a chronic inflammatory process present in the middle ear. Its most prominent symptom is a more or less constant discharge. The amount of discharge varies in different cases. It is usually relatively small in amount as compared with that in acute types of aural diseases. Chronic otitis media may be present for many months or years. The discharge is not always continuously present; there may be weeks when the ear is dry, followed by a similar period of discharge. There is seldom any true earache in this disease but headache, more or less frequent, is common and is an important symptom.

Chronic otitis media is one of the most difficult diseases to cure which occur in an aurist's practice. It is a deep-seated disease and does not yield easily to treatment. It is often overcome only by a very delicate and dangerous operation which is performed as a last resort. No two cases of chronic otitis media are similar; each case must be treated according to its individual needs and it requires great skill and

experience to diagnose properly such cases. Neither family physicians nor nurses should experiment with such cases.

Chronic otitis media that smoulders along year after year is apt to suddenly flare up into an exceedingly dangerous complication. Brain abscess cases usually arise from this type of disease. Patients are often unaware that a chronic discharge is present in the ear, but the presence of such a discharge usually makes itself manifest by a disagreeable odor. In such case there is always the temptation to irrigate the afflicted ear with watery solutions, peroxide of hydrogen, etc. This treatment almost invariably makes the condition worse. Chronically inflamed middle ears are usually more or less filled with granulation tissue, hence watery solutions are not tolerated.

Once more the writer wishes to emphasize the importance of skillful diagnosis and treatment of chronic middle ear diseases.

Treatment of Acute Otitis Media.—Simple earache is best treated by hot irrigations of plain water. Inhalations of hot steam give relief in a certain number of cases, but the hot irrigations are more dependable. Hot oil, hot raisins, salt bags, etc., act simply by virtue of the amount of heat they contain; this is comparatively small. With irrigations of hot water, heat may be applied to the inflamed areas continuously until relief is obtained.

To irrigate an ear properly requires some previous experience or expert knowledge. Unless it is well done it is a useless method of treatment, the writer has seen many exhibitions of poor work in this direction. First of all a suitable syringe must be provided. Next there must be a proper receptacle to catch the water as it runs from the ear. The kidney-shaped pus basin is the best for the purpose. In a private house, where a pus basin is not available, a quart bowl is the next best thing. The water should be as hot as can be borne by the patient but the temperature should never be greater than 105°. Very hot or cold water will cause vertigo. The force of the stream should be as gentle as possible, as undue force will also produce vertigo. The best syringe for the purpose is a two quart fountain syringe with a proper tip. It should be held about two feet above the patient's head. If placed higher than this, the force will be too great. With the proper appliances at hand, the patient is placed in a sitting position and his or her clothing protected by a rubber sheet or a thick towel. The patient or attendant holds the basin close against the neck about one inch below the auricle. If it be held higher than this it will interfere with the proper method of procedure. The auricle is now firmly and gently grasped between the thumb and fore finger of the left hand and drawn upward and backward. This is to straighten out the canal

of the ear in order that the irrigations may reach well into the passage. The tip of the syringe is slightly introduced into the canal in such a direction and manner that the stream of water will reach the desired point. The tip of the syringe must be held lightly in the fingers in order that it may be withdrawn upon the slightest movement of the patient. In the event of a large, wide canal, the stream of water should not be directed straight at the drum but rather against the posterior wall. If the pain is severe, it will be wise to allow the entire contents of the syringe to flow into the canal. If the pain returns, the syringing may be repeated at short intervals. If hot irrigations fail to control the pain, a physician should be called. If, upon examination, the drum is found to be red and bulging, a free incision should be made in that structure at once. In the average case, a discharge will follow within twenty-four hours. When the discharge is established, the pain usually disappears. If the pain continues and a discharge does not appear, the drum membrane must again be opened if still bulging.

Syringing the ear for the purpose of cleansing the canal is often necessary and is frequently ordered by the physician in charge of a case of aural disease. The method is the same, except that only an amount of water necessary to effect the result is used. For cleansing the canal the tip of the syringe should be very small. The glass part of a medicine dropper makes an excellent tip for the purpose. Simply squirting water at the ear with the tip an inch or more away from the auricle will not bring success. The tip must be inserted into the canal sufficiently to wash away the accumulation of pus. Sterile water or normal salt solution should be used for the irrigation. Antiseptic solutions, so called, should be used with caution. The writer has seen severe reaction following the use of strong carbolic acid, bichloride of mercury, and sulpho-naphthol solutions. Solutions of boracic acid have no advantages over normal salt solutions or plain sterile water. Bichloride solution should never be used stronger than one to ten thousand. Carbolic acid or sulpho-naphthol should not be used at all.

After an irrigation, the canal of the ear should be dried as well as possible with sterile cotton. If the patient is to go out into the cold air, dry cotton should be placed in the canal and allowed to remain there until he reaches home, then the cotton should be removed. Cotton should never be allowed to remain in the canal for any length of time as its presence is irritating to the lining membrane and it produces an unnatural amount of heat. Unless a chronic discharge from the ear is present, there is no occasion for cotton to be worn in the external auditory canal for more than a few hours.

ABOUT THE FEET

By L. E. EUBANKS

Seattle, Wash.

In proportion to his total size, man has a larger and stronger foot than any other mammal save the kangaroo. It is composed of twenty-six bones. The tarsal and metatarsal bones are so arranged as to give an arched form, convex above and concave below. This arch corresponds to the springs of a buggy; without it our bodies would be jarred at every step. No other conceivable arrangement of the bones would so well combine strength and elasticity.

In the normal, unspoiled foot this arch is well defined and noticeably high; the toes are cylindrical, not conical; the second being the longest. The way many persons cramp the toes is shameful. They stand apart, in the unspoiled foot, the great toe by itself, as it were, making a straight line with the inside of the foot instead of bending over to the other toes. The toes should possess individuality, power of self-isolation in movement; we should be able to move and control a toe as we do a finger. The length of a woman's foot should be one-seventh of her height; the measurement around the instep and sole should be the same as the length; and the girth of the ankle the same, or a trifle less. In color, the foot should be rather pink; yellow feet suggest compression, red ones too much standing or over-exercise and pale ones anemia. The nails should be small, pink, and well defined. The position of the foot should be straight forward; a line dropped from the knee-point ought to fall over the second toe.

The women of ancient Greece are supposed to have had the most beautiful feet the world has seen. The sandals they wore afforded the feet perfect freedom and allowed the air and light to beautify the skin. That the deformity and paleness of our pedal extremities are due to our mode of dressing them is conclusively proved when an individual has the courage to snap his finger in convention's face and dress, or rather undress, the feet for health and comfort. Clara Houston, whose feet the National Association of Chiropodists acclaimed perfect, goes bare-foot at home and recommends the sandal type of shoe. Many artists' models make a point of going without shoes and stockings a part of every day. George E. Combe, the famous English model, has not worn shoes nor socks for five or six years; his feet are wonderfully perfect. Out of one thousand Porto Ricans recently examined in reference to the feet, not a deformed nor diseased foot was found. Prob-

ably not a single flawless foot would be found among an equal number of ordinary shoe-wearers.

On reflection, it seems very strange that with our present enlightenment we continue to ruin our feet by compression. Years ago an old Scotch shoe maker satirized the fashionable boot as suited only to "the foot of a goose with the great toe in the middle;" and the shape of ready-made shoes is little better today, generally speaking. There is no justification for a pointed shoe; the natural foot gradually expands from the instep to the toes, and in the skeleton, itself, the great toe is the longest, though in life the second appears the longest, in perfect feet.

The best way to get a perfectly fitting shoe is for one to stand on a sheet of paper and let the shoe maker mark the exact shape of the foot when the entire weight is on it. Let him make a shoe that covers this outline exactly, with this further consideration: that if from compression the great toe is bent inward, the shape of the shoe must allow for its restoration to the normal position. A line representing the axis of the great toe should pass through the centre of the heel; which shows the danger of a shoe that presses the great toe inward. Of recent years several correct models of shoes have been placed upon the market; the main trouble is that we don't take the time to find them.

Tight, badly-shaped stockings do much harm. A hard, unyielding texture compresses the toes much as does a tight shoe. For ordinary purposes it is well to have the stockings half a size too large. Have no fear about the wrinkles; if one is on the feet much, their normal swelling will smooth them out. Lisle-thread stockings are not so desirable as silk, as the latter allow free evaporation so that the feet remain dry.

The results of abusing the feet are not confined to the extremities, the general health and the temper suffer. Mark Twain cited the one virtue of painful feet when he said that they made one forget all his other troubles. Flat-foot, caused by a sagging of the arch, is a serious, far-reaching complaint. It is a frequent cause of backache, headache and many nervous troubles. Many persons have spent hundreds of dollars to cure rheumatism of the feet only to learn in the end that the trouble was flat-foot. The symptoms are misleading; sometimes the pain is more acute in the knee or hip than in the foot. The latter feels weak, particularly on the inner side, and persists in dragging when the patient walks. Often the head aches after walking on pavements, because of the jar to the spine resultant upon the absence of spring in the foot. In advanced cases there is sometimes painful swelling of the foot.

Though this complaint has been much discussed, one point has received too little attention. I allude to the position of the foot on the

ground. A foot that "toes out" is constantly tending to flatten. The inside of the arch that crosses the foot is not strongly supported; so when the leg is allowed to rotate throwing the weight on the inside of the foot, the muscles and ligaments gradually weaken and let the arch-bones down. Prolonged standing and a lowered state of the general health are frequent causes; but the main one is "toeing out."

Logically, the essential measure in treatment is to reform the walk. Set the foot straight forward, as do the Indians. Better err in the direction of "pigeon toes" than to "toe out." In fact, to walk "pigeon toe" for a few moments each day is of benefit. An exercise I suggested that brought good results in a case of incipient flat-foot was to walk a crack, while holding the heels an inch or two from the floor. If the feet are not too sore it is helpful to roll them inward as far as one can and walk a few moments on the outer edge of the feet.

Care of the feet pays. Beautiful hands are not so very uncommon; but a perfect foot among civilized peoples is indeed a *rara avis*. After the daily exercise of the feet, massage them a few moments. Knead and stroke the foot (toward the toes), pull each toe several times and try to develop independent action in each. A novel exercise for this purpose is picking up objects like marbles or pebbles between the toes. Finish the daily treatment with the foot-bath, hot then cold, and if the circulation of the extremities needs toning up, this alternation of the water ought to be repeated several times. When the feet are tender a little salt in the bath will harden them. Sea salt is particularly good for this purpose.

As an antiseptic, use carbolic acid; dissolve a few drops in a table-spoonful of glycerine then pour into the water. Rub the feet occasionally with a little eau de Cologne, it helps to keep the skin smooth and healthy. Use your towel vigorously, taking care to dry the skin between the toes. Dampness here is the most common cause of soft corns.

It is hardly necessary to remind the intelligent reader to have more than one pair of shoes. Frequent change of shoes and stockings is highly healthful to the feet. I think this custom among actresses accounts in some measure for the usual superiority of their feet.

THE TEACHING OF PROBATIONERS

By HELEN A. LYMAN, R.N.

Yonkers, N. Y.

The teaching of probationers means, not only the incorporation of sound principles of nursing science and the ethics of hospital and professional life, but in many instances is a post-graduate course in the refinements and courtesies of every day existence. The average class of probationers usually includes one or two members whose home training has been sadly neglected and unless a definite impression can be made before the end of a three months' probation, it is better to sever their connection with the school immediately than to risk trouble later on. In a great many cases the blame cannot be put on the individual herself, as circumstances may have been such that she has never had her chance and then three months in a training school will do wonders.

When one deals with the college graduate, the business girl, the "spoiled child" and many other distinct types, and must determine at the end of three months whether or not their connection with the school can be kept up, one begins to realize what it means to be in training school work and the responsibility that it entails. From the worldly-wise widow to the innocent high school girl from the small town or country, all are individuals. and as such, problems; it requires all one's experience, judgment and tact to deal with them justly and for the good of all concerned.

As to the actual nursing instruction, when one has a graduate staff of eight or ten nurses in charge of different departments, all from different hospitals with different methods of doing things, and with very definite ideas that their way, and their way only, is the correct one, it becomes a colossal task to have one method used all over the house, so that nurses going from one ward to another will not have to change their entire way of working. This problem is not as trying in a small hospital where the superintendent, her assistant and the operating room supervisor are practically the only instructors and the head nurses are senior pupils. Again in a large, wealthy hospital, where the instructors are instructors and nothing else, it is not a problem at all, as they can follow their pupils all through and watch them in their actual work on the wards. In the average hospital, however, where the instructors are also the administrators and, after instilling the method thoroughly into the pupils in the class room and supervising their first efforts on the wards, must leave them to the head nurses, it becomes

almost the "eternal question." When one has talked for an hour on stupes and has impressed (or rather, thought she has) the way that they are to be applied and warned again and again against the danger of putting the poles over the lighted gas, it gives her a hopeless feeling to find the stupe poles over the water basin, burning cheerfully, and to be told that "Miss So and So" said it was quicker and that there really was no danger. Perhaps having monthly meetings of the head nurses and discussing these problems frankly with them is the best solution of this problem. Another good way is to have the chosen method that is taught in the class room typewritten, put in a small loose-leaf book and a copy sent to each ward. Then if there is any doubt as to how a probationer or a junior nurse is doing a piece of work, it can be quickly and definitely decided by looking at this book.

Class room methods should be as simple as possible and must be varied to suit the conditions. A complicated technique may be a wonderful success in the class room and become a wonderful failure on the wards. Even though a piece of work may show much thought, careful training and perfect execution, unless it is thoroughly practical it is not of a great deal of value. Besides being practical, nursing methods must be economical. If it is practical (and by that I mean it must accomplish the desired end in the largest number of cases) simple in technique, yet not as economical as it is possible to make it, then that point must be considered until that end is accomplished.

The comfort of the patient might appear as of more importance than anything else, but oftentimes the vital point cannot be gained if the patient's comfort is considered. Certainly the ultimate good of the sufferer is the nucleus of all nursing.

Another item of importance is the safety of a method. Everything should be done with the minimum amount of danger to patient, nurse and property.

A good theoretical foundation must be laid for every piece of practical work. If the nurse knows the reason for each move, the result anticipated and the cause of such result, she will be far more interested than she would if she does things because she is told without knowing the reason why or the object to be accomplished. Applying an ice-cap is a simple procedure but it can be made vastly interesting if the different conditions requiring it, the result to be accomplished by its application and the steps by which this result is obtained are explained in detail.

It is a much discussed question whether probationers should be put on the wards at all during the first three months or whether it is better to keep them in the class and demonstration rooms. There are many

arguments for and against both plans, but probably the majority of hospitals feel that they cannot afford, with the present shortage of applicants, to keep them entirely in the class room during the probation period.

At any rate the ideas regarding training schools are rapidly changing and before the next five years have passed we may have educated the public and the governing boards of hospitals into realizing that a training school for nurses is really a school with certain educational standards and duties and is not merely a means for taking care of patients. If the day ever comes, possibly some of our present problems may solve themselves.

CAMPAIGN TO PREVENT BLINDNESS

I

Rhode Island: A special effort to lessen the number of cases of infant ophthalmia in Providence, R. I., is being made by Superintendent of Health, Dr. Charles V. Chapin and hereafter physicians and midwives who fail to report cases of the disease which comes under their observation will be held accountable by the health department. In his letter to physicians, stating that ophthalmia neonatorum is a notifiable disease, Dr. Chapin requests every case in which "one or both eyes of an infant are noticed to be inflamed or with a swelling or reddening of the lids and an unnatural discharge, or reddened at any time within two weeks after its birth" to be reported immediately to the Health Department. The Providence Department of Health sends a nurse to visit every case attended by a midwife immediately upon receipt of the birth certificate. This is, of course, an important measure in the prevention of blindness from babies' sore eyes, as the nurse learns herself whether or nor there is any inflammation. The effects of this visiting are, however, confined to midwife cases alone.

Wisconsin: Plans are now being made by the Committee for the Prevention of Blindness of the Wisconsin Association for the Blind which will result in a state-wide educational campaign beginning shortly after the first of the year, which it is hoped will promote wide-spread interest in the preventive work.

THE TEACHING OF MATERIA MEDICA¹

By A. S. BLUMGARTEN, M.D.

New York, N. Y.

It might seem superfluous to even mention the necessity of including materia medica in the curriculum of the training school before an audience of this kind, yet only a year ago a very prominent physician, in addressing the graduating class of one of the largest training schools in this city, deplored the fact that the nurse of today was departing from her primary function of nursing the sick and was gradually entering the domain of scientific medicine. This, he thought was indicated by the inclusion in the training school course of such subjects as anatomy, physiology, materia medica, bacteriology, chemistry, etc.

Although the keynote of good nursing must always be to make the patient comfortable, the nurse's function should not end merely with such simple duties as bed making, the arrangement of the patient's pillows, or supporting his head while being fed. The modern nurse is expected to be a trained observer as well as a gentle attendant; so that she may be able to recognize changes in the condition of the patient, the occurrence of new symptoms and the ordinary, untoward or poisonous effects of drugs. To perform these duties intelligently requires a basic knowledge of such so-called theoretical subjects as anatomy, physiology, chemistry, materia medica, bacteriology, hygiene, etc. In fact, the nurse may even be able to make her patient more comfortable when she is well grounded in these fundamental technical subjects.

Personally, I believe materia medica to be the most important subject in the entire nursing course. There is no part of a nurse's work that is so fraught with danger as the handling of drugs. An error in the administration of a medicine, or even forgetting to look carefully at the label of a bottle, are mistakes on the nurse's part that may be fatal to the patient.

THE NURSE'S FUNCTION IN REGARD TO DRUGS

Having established the need of studying materia medica, the question arises, how much materia medica should the nurse know, and what are her functions in regard to drugs? The nurse should never prescribe any remedies, nor should she on her own responsibility ever treat any disease. These duties belong distinctly to the province of the physician.

¹ Address delivered before the New York City League of Nursing Education, November 3, 1915.

The administration of medicine, the preparation of their doses, the modification of their taste, and the care of drugs, as well as the keen, watchful observance of their effects, comprise a distinct specialty of materia medica which belongs essentially to the art of nursing. In teaching materia medica, then, emphasis should be laid upon the following points: (1) The administration of medicines; (2) The care of remedies; (3) The observation of the pharmacological effects; (4) The observation of the poisonous symptoms.

PRELIMINARY PREPARATION OF PUPILS

All good teaching should aim to build up new knowledge on the basis of what the pupil already knows. A new subject should therefore be taught in terms of the known. How much preliminary knowledge should we assume as the basis for the teaching of materia medica? For practical purposes, we may divide the preliminary preparation of pupils who enter training schools into two categories: the apparent and the real preparation. By the apparent preparation, I mean the amount of educational work the pupil is supposed to have covered according to her entrance certificate as filed with the State Board of Regents. In this state one year of high school work or its equivalent is required of pupils entering a training school for nurses. The amount of study represented by such a high school course varies in different schools and communities. As a general rule, however, a first year high school course comprises a study of English, elementary algebra, a choice of Latin or a modern language, and elementary biology. In most cases the student has not as yet taken up the study of chemistry, botany or physics. By the real preparation, I mean the knowledge the pupil has actually absorbed from her studies, plus the general educational effect of such studies and the natural receptivity of her mind. These are factors, however, which are not capable of measurement. For practical purposes, therefore, the average educational equipment as represented by one year of high school work should form the basis for the training of the nurse in materia medica as well as in all the other subjects in the nursing course. Since, however, a first year high school course presupposes a thorough knowledge of arithmetic, we should expect our pupils to be especially well grounded in that subject.

The preliminary education of many of our pupils has consisted of more than one year of high school attendance. Many of them are high school graduates while others are even college graduates. These greater educational advantages do not always coincide with a more receptive type of mind, though as a general rule more educational training tends to increase the facility with which the mind assimilates new knowl-

edge. The increasing number of highly educated women who are constantly entering the nursing profession is being viewed with keen pleasure and satisfaction by those of us who have the interests of nursing education at heart. Such women tend to elevate the standards of the profession and to place it in the front rank of the community where it justly belongs.

REQUISITES OF THE TEACHER

The necessity for a good preliminary education on the part of the pupil nurse, suggests its corollary; the need of efficient teachers. Because of its very nature, *materia medica* is one of the most difficult subjects to teach properly. An exceptional pedagogic ability is therefore essential on the part of the instructor. In discussing the requirements of the instructor, however, I am cognizant of the fact that the superintendent of the training school, as well as the training school committees of many of our hospitals, frequently cannot act with a degree of freedom necessary to obtain efficient teachers. Their action in this, as in other regards, is often limited by extenuating circumstances such as the size of the budget, the traditions of the institution, etc.

It has always been a mooted question in nursing educational circles, as to the relative value of a physician or a nurse as a teacher in training schools. With particular force does this problem apply to the instructor of *materia medica*. For very evident reasons it is difficult for me to express an unbiased opinion on this phase of the subject; for equally evident reasons it would be impossible for any member in this audience to express such an opinion. As a general rule, however, I believe the physician to be better equipped for teaching *materia medica* than the nurse. The physician usually has a more detailed knowledge of the subject than the nurse and is more capable of handling the practical problems in the use and effects of drugs as they occur on patients. His weakness, however, as far as equipment goes, lies in a rather limited knowledge of those refinements in the administration and care of drugs which the highly trained intelligent nurse knows so well, even intuitively. Then, too, many physicians in presenting *materia medica* to nurses fail to place themselves on a plane with their pupils, with the result that the subject assumes a technical atmosphere and thus loses its interest from the standpoint of the nurse. The nurse's weakness on the other hand, lies in a rather limited knowledge of the subject matter. What is even more important than a thorough knowledge of the subject matter, be the teacher doctor or nurse, is good pedagogic ability.

To my mind there is no reason why the nurse is not capable of being a good teacher of *materia medica*, provided she has supplemented her

training with a more special training in materia medica, physiology, and chemistry, as well as in the science and art of teaching. The materia medica course as given in most training schools is not a sufficiently good preparation for teaching the subject. Needless to say the instructor should receive a salary commensurate with the work done and the time spent, for only in this way can proper standards of efficiency be maintained. The method in vogue today in many institutions of assigning the teaching of the nurse to a few inexperienced physicians or to an already overburdened superintendent or assistant is to be deplored. I believe the time is past when the training school is to be considered merely as a building for housing the "ward help." The modern training school should be considered in the same category with other educational institutions. Equally high standards of efficiency as regards pedagogic ability and knowledge of the subject matter should prevail among the faculty.

THE PLACE OF MATERIA MEDICA IN THE CURRICULUM

I believe it is now generally agreed that the three year course is the ultimate course in training schools. I cannot see how it is possible to include a study of all those subjects essential to the proper training of nurses in a course of less than three years. Where in the course does the study of materia medica properly belong? Materia medica is a subject that is intimately interwoven with the nurse's practical work. The logical time, then, is to study the subject during the second year. This is the time in her course when the nurse is being trained in her practical work. It is during this time that she is nursing patients, observing their symptoms and administering their medicines.

The study of anatomy, physiology and chemistry form such an essential basis for the study of materia medica that these subjects may be justly considered its prerequisites. We may consider them as theoretical subjects which have no direct bearing upon the nurse's practical work. Their logical place in the course is during the first year of training because at this time the pupils perform very little practical work that requires any degree of technical study or preparation. A knowledge of chemistry, however, is so essential to a proper understanding of materia medica, medicine and nursing subjects in general, that I believe it would be better to ultimately make elementary chemistry a preliminary requirement of every prospective pupil nurse. A course in applied chemistry however, should be given during the first year of training. This should consist largely of such principles of inorganic, organic and physical chemistry as have a bearing on nursing.

(To be continued)

DEPARTMENT OF NURSING EDUCATION

IN CHARGE OF

ISABEL M. STEWART, R.N.

Collaborators: LILLIAN S. CLAYTON AND ANNA C. JAMME

The collaborators in this department will be glad to receive short items of interest relating to the field of training-school work. States east of the Mississippi should send their contributions to S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, and those west of that section to Anna C. Jammé, Board of Health, Sacramento, California.

THE CURRICULUM

(Continued from page 512)

The suggested scheme of instruction which follows has been recommended, in its main features, by the National League of Nursing Education. This will be published in much fuller detail within a short time and it is hoped that it may serve as a guide to those who are working toward a better-balanced and more adequate course of instruction.

GENERAL SCHEME OF INSTRUCTION

PREPARATORY OR FIRST YEAR

First half—October 1 to January 31

<i>Theory</i>		<i>Practice</i>	
	<i>Hours</i>		<i>Months</i>
Anatomy and Physiology.....	60	Practical work not exceeding 4	
Bacteriology.....	20	hours daily, giving training in	
Hygiene.....	10	Household Economy, Cookery,	
Elements of Chemistry and		Elementary Nursing, and prep-	
Physics.....	20	aration of simple drugs and	
Cookery and Nutrition.....	60	solutions in such departments	
Household Economy.....	15	as the Nurses Home, Sewing	
Drugs and Solutions.....	20	and Linen Rooms, Laundry,	
Elementary Nursing (including		Pharmacy, Surgical Supply	
bandaging).....	60	Room, Dispensary (including	
History and Ethics of Nursing..	10	a few visits to patients' homes	
Social and Economic Causes of		with Social Service worker or	
Disease.....	5	Visiting Nurse), and General	
	—	Wards.	
Total (About 3 hours daily) 280 hrs.		Total 4 mos.	

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Second half—February 1 to May 31

	Hours	Months
Elements of Pathology.....	10	Practical work, 7 to 8 hours daily,
Medical Nursing.....	20	mainly in—
Surgical Nursing.....	20	General medical services.
Materia Medica.....	20	General surgical services.
Massage.....	10	With summer term (allow-
	—	ing 1 month vacation).
Total (About 5 hours weekly)	80 hrs.	Total 7 mos.

JUNIOR OR SECOND YEAR

First half—October 1 to January 31

	Hours	Months
Gynecological Nursing.....	10	Practical work 8 hours daily,
Orthopedic Nursing (with exer-		mainly in—
cises).....	10	Gynecological service.
Nursing in Diseases of Infants		Orthopedic service.
and Children.....	20	Children's service, (including
Advanced Dietetics (Infant Feed-		Milk Room).
ing, etc.).....	20	
	—	
Total (About 4 hours weekly)	60 hrs.	Total 4 mos.

Second half—February 1 to May 31

	Hours	Months
Operating Room Technic.....	10	Operating-room service.
Obstetrical Nursing.....	20	Obstetrical service.
Nursing in Communicable Dis-		Infectious service.
eases.....	20	Eye, ear, nose and throat service.
Nursing in Diseases of the Eye,		
Ear, Nose and Throat.....	10	
	—	
Total (About 4 hours weekly)	60 hrs.	(With summer term) Total 7 mos.

SENIOR OR THIRD YEAR

First half—October 1 to January 31

	Hours	Months
Nursing in Mental and Nervous		Practical work, 8 hours daily in—
Diseases.....	20	Psychopathic service (or
Nursing in Special Diseases,		nursing of nervous diseases).
(Skin, Occupational and Ve-		Private Wards.
neral Diseases).....	10	Dispensary Service (with special
Special Therapeutics.....	10	diseases—Skin, etc.).
Municipal Sanitation and Public		
Health.....	10	
Modern Developments in Nurs-		
ing.....	10	
	—	
Total (4 hours weekly)	60 hrs.	Total 4 mos.

Second half—February 1 to May 31

	Hours	Months
Modern Social Problems.....	10	Additional special training in one of above branches. Special experience (not to exceed 3-4 months in one of following: Assistant to Head Nurse. Specializing Patients in Hospital, or Assistant in Social Service Department, or Assistant in Visiting Nursing.
Professional Problems.....	10	
Reviews, (Including Adaptations of Nursing Technic and First Aid).....	20	
Case Studies, (specializing in any of the above subjects).....	10	
Introduction to Special Branches (any one)		
Institutional Housekeeping. Private Nursing.....	10	
Public Health Nursing....		

Total 60 hrs. (With summer term) Total 7 mos.

This gives a total of 600 hours theory (of which about one-half is spent in laboratory or practice work in the class-room) and 33 months of experience in the wards of the hospital. At the lowest possible estimate (54 hours a week) and counting one month vacation each year, this gives us a total of over 7000 hours of practical work, so we need as yet have no fear that we are over-burdening the curriculum on the side of theoretical work. Six hundred hours would be about equivalent in time to one school year in an ordinary technical or professional school or college. This would not seem to be a very liberal allowance of theory for a woman who is preparing for an important branch of professional work.

In the above courses, it is understood that the laboratory method will be used as extensively as possible, especially in teaching the sciences such as Anatomy and Physiology, Bacteriology, and Chemistry, or the practical subjects such as Nursing, Cooking, and Massage. It can generally be assumed in all such courses that about half the time will be given to lecture, class and quiz, and about half to laboratory, demonstration, or practice work. The main exception would be such courses as Hygiene, History of Nursing, Modern Social Problems, etc., where the work would be almost entirely lecture or class work.

In all courses dealing with nursing in special diseases, such as Medical and Surgical Nursing, Obstetrical Nursing, Infants and Children, etc., the plan followed has been to divide the time about equally between lectures or clinics by physicians, and classes with nursing demonstrations by nurses. Thus in Medical Nursing (20 hours), ten hours would be given to medical diseases and ten to medical nursing.

In the standard curriculum, a fuller preparatory course will be outlined, where the pupils are freed entirely from hospital duties for the

first four months. Only a few hospitals have been able to adopt this method, but it will probably come into wider use in the future, especially as pupil nurses become accustomed to the idea of paying for this part of their training.

In adapting such a curriculum as this to the needs of individual schools, it may be necessary to reduce the number of hours in the beginning. It is suggested that this reduction should be made by taking an equal proportion, say one-half or three-fifths of the hours assigned to each course. Similarly in increasing the total number of hours the general proportion could be maintained.

The Visiting Nurse Association of Philadelphia has established a model district for the purpose of giving nurses from the various training schools experience in visiting nursing. It is in charge of a supervisor who gives these nurses both theoretical and practical instruction and supervises their work in the district. The nurses are expected to serve 6 to 8 hours daily, with opportunity to return to their respective training schools for the theoretical work of their own curriculum. Some of the hospitals have accepted this opportunity to better prepare their nurses to meet the demands made upon them by the public, and it is felt that as soon as the State Board of Examiners includes in the examinations, questions covering public health and social service problems, a greater number of the hospitals will take advantage of this opening.

Some of the Philadelphia training schools are making a special effort to have their pupils attend lectures and demonstrations in other schools and to have superintendents from other schools talk to their pupils, the object being to broaden the interests of the student, thus breaking down some of the narrow school prejudice existing in most training schools.

Another example of affiliation between the training school and the technical school is seen in one of the hospitals, where the students from the latter spend a certain number of hours weekly in the wards of the hospital for their practice work in Invalid Occupation. The pupils of the training school practice side by side with these students and receive their regular instruction in this subject from the Invalid Occupation Instructor of the hospital, who supervises and directs both groups. This plan makes it possible to reach more patients, as well as being an excellent means of instruction for the nurse and for the technical student, and is one more evidence of the opportunity the hospital has as an educational center.

The Business Woman's League of Philadelphia has asked to have a

course in Home Nursing started. The League of Nursing Education will be responsible for the teaching of this course and believes that such courses of instruction to the public should be standardized throughout the country.

The Superintendent of Nurses of the Michael Reese Hospital in Chicago, writes:

I am sure you will be interested to know that through the generosity of the individual directors of the school we are having Susan Tracy here for three months. Miss Tracy is teaching the subject of Invalid Occupations every day for two hours, so that thirty of our pupils, in sections of ten, will have four hours a week with her during the three months of her stay. She is also spending two hours every morning in our wards. The work in the hospital is more or less experimental, but the patients seem to be already enthusiastic. If the work proves to be worth while here, we are planning to put it on a permanent basis with one of our older graduates in charge.

In many ways the most eventful and far-reaching movement which has taken place in the field of nursing education in many years, was launched by the alumnae association of the Johns Hopkins Training School last December. For the first time in history, the graduates of a training school for nurses have committed themselves to the task of securing an endowment ample enough to put the educational work of their school on a substantial and independent financial basis.

In outlining the purpose of the endowment fund, Miss Nutting, the chairman of the Committee, took the position that the present relationship of training schools to hospitals is fundamentally unsound, and that most of the disabilities under which nursing schools labor can be traced back to this fact. The hospital, supported as it is (and always inadequately) by public funds, is compelled to meet what it considers to be the most urgent needs of the whole institution and even with the most generous appreciation of the needs of the training school, the amount which the trustees feel they can afford to appropriate for educational work is usually entirely inadequate. This is true even in such highly favored schools as the Johns Hopkins, where the Board has always maintained the deepest interest in the training school and has endeavored in every way to dignify and further its work.

The Fund starts auspiciously with two thousand-dollar subscriptions and with a number of yearly pledges of from fifty to two hundred dollars, all from members of the Johns Hopkins Alumnae. A million dollar endowment is an immense sum to raise, but with such leadership and with such a spirit of enthusiasm there is no doubt whatever that eventually that amount will be secured. Other alumnae asso-

ciations are following, the Massachusetts General and the Illinois training schools having already begun plans for a similar fund. A new era begins to dawn for training schools.

The Nurses' Registration Bureau of the California State Board of Health, Sacramento, has recently issued a very useful and interesting pamphlet which is designed to help the schools throughout the state in improving and standardizing their nursing technic. The pamphlet prepared by Anna C. Jamme is fully illustrated, and will be found very helpful to all teachers of nurses, following the example of the New Jersey State Board of Examiners which published a somewhat similar pamphlet several years ago which can be secured by those outside the state for the sum of fifty cents.

WOMEN SUPERINTENDENTS

Four states have women as superintendents of Public Instruction. They are Wyoming, Colorado, Washington and Idaho. In Montana all the county superintendents are women. About one-half of the same officials in Kansas are women and in California over one-half its county superintendents are women. In all these states women are voters and can use their votes for the benefit of the schools. That is one reason why the per cent of intelligence in these states ranks higher than in the South. Why shouldn't women teachers fit themselves for every position of school control. Especially should women have the vote on questions relating to the school life of children. The West has been quick to recognize the merits of its women and this may be the principal reason why it has gone so far in advance of other sections of the country. It surely cannot be because Western women are cleverer than others, but must be because their opportunities are greater. The vote is a great factor in individual progress as well as in state affairs, and Western women have shown how well they can use the vote.

WOMEN AS NATIONAL DELEGATES

An unusually large number of women will be seated as delegates at the National Democratic and Republican Conventions. California has elected three women to the Democratic Convention and Kansas will have several. Doubtless the other woman suffrage states will have a proportionate representation of men and women assisting in the nomination of presidential candidates.

HOW TO COPE WITH POOR BEDS

By MARY E. LEWIS, R.N.

Winchester, Ohio

The private duty nurse who goes into the rural districts to nurse will in many homes find the only bed available, one composed of slats, straw tick and a feather bed, "sometimes springs but of a poor quality." Sometimes one finds a mattress but the patient refuses to give up the feathers. In such cases it is necessary for the nurse to remedy such matters and make the bed as comfortable as possible and one she can easily make and keep neat and clean. When one has springs it is a good plan to secure four slats and place them across the bed under the springs and directly on the spring rail, about six inches apart in the center of the bed, that being the part needing support.

If obliged to use a straw bed, secure new clean straw and make as smooth as possible. Shake the feather bed well, when one is used, and have more feathers at the side on which the patient will lie. Secure a long spread, quilt or comforter and tuck in well at both sides, pressing the feathers down as solidly as possible, pinning the cover with safety pins at each corner if necessary. Place the sheet crosswise of the bed and tuck in well at each side. Use two sheets if one is not wide enough to cover the entire bed. This will make a smooth, solid bed, one that will not need making frequently.

If necessary to place the patient between blankets, as is often the case with old persons, the lower blanket can be tucked in at the foot and pinned with a safety pin at each of the upper corners, thus keeping it smooth and in place.

If the patient is one who soils the bed, it can be protected by placing a piece of table oil cloth, about four feet wide and long enough to tuck in at both sides, under the hips of the patient over the feather bed cover. Place sheet and blanket; fold a sheet twice; place several thicknesses of newspaper between the folded sheet and place under the patient. Newspaper is absorbent and if removed as soon as soiled will save much changing of the bed and much extra washing.

NARRATIVES FROM THE WAR

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

Florence Burn, an English nurse attached to the French army, has been decorated at Steen-Voorde, near Hazebrouck, with a bronze medal conferred by the French Government for services in nursing infectious cases.

A million and a quarter letters and 150,000 parcels are forwarded each day from London to the British Army serving abroad. The sorting room of the new Army Parcels Post Office in Regent's Park covers four acres. A parcel posted before four in the afternoon to a man in the trenches is delivered to him the next evening.

The British Red Cross during the first year of the war sent out 10,000,000 articles. Recently at the request of the War Office goods weighing 250 tons were dispatched during forty-eight hours.

Free meals are given to the poor of Vienna at a cost of about \$70,000 a month. The price of beer has been raised for the third time since the war began.

A society exists in Great Britain known as the National Egg Collection for the Wounded. It has recently received the thirteenth million egg. The secretary states that this is not sufficient by one-third to supply the men in the base hospitals alone.

Nurses in white uniforms marched in a procession of women war workers in London not long since. The Green Cross, first aid detachments, women police, women signallers, women's volunteer reserve, war hospital supply units, women gardeners and other representatives of women who have taken up men's work during war time were there. Women munition workers were to have marched too, but sent a message that they were too tired, having worked all night.

The *Echo Belge* states that Brussels has so far refused to pay the fine of 500,000 marks, about \$125,000 imposed on the town for the killing of the spy who betrayed Edith Cavell to the German authorities.

The youngest son of the present Lord Tennyson, a grandson of the poet, has been killed. He was a sub-lieutenant in the Navy. His two brothers are also serving in the war.

The members of the New Zealand Expeditionary Force presented Captain Kato of the Japanese war ship Ibuki, which assisted in conveying the troops to Egypt, with a silver model of a Maori war canoe.

The Queen of England has consented to unveil the memorial bust of Florence Nightingale, first and greatest of war nurses, which has been placed in the crypt of St. Paul's Cathedral. A year ago a statue erected to her memory in Waterloo Place, London, was formally unveiled.

In a munition factory in Yorkshire a woman bores a hole an eighth of an inch in diameter, which has to continue dead true through twelve inches of steel. Her delicacy of touch makes her of greater use than an unskilled man. The test is the tally of broken tools and she has as yet a clean sheet. She was previously a charwoman.

Prince George of England, now in his fourteenth year, fourth son of the King, performed his first public function when he handed over to the Belgian Field Hospital a fully equipped motor ambulance. The money for it had been subscribed by school children.

The *Hamburger Fremdenblatt* says that as Germany's need of babies will in future be greater than ever, landlords will be guilty of treasonably unpatriotic conduct if they refuse to rent flats to people blessed with many children.

Trench foot is caused by the trenches becoming water soaked, the natural oil disappears and bacteria grow. Boots must not be too tight to interfere with the circulation and to allow dry air to surround the feet. The Italians wrap the feet in a linen cloth saturated with tallow, lard with salicylic acid, oil of spikenard and oil of lemon.

Some of the large hotels at Monte Carlo have been turned into hospitals. The gaming tables at the Casino are still frequented but the famous Hotel de Paris is almost deserted.

An Englishman named Cochrane has spent thousands of pounds in installing a hospital at Mentone, on the Riviera, for the French wounded. It is a splendid new hotel, with marble floors, great halls and beautiful and spacious grounds. The nurses are English women; an observer says of them "those quiet, silent, undemonstrative women, who are the flower of the earth and ideal nurses."

A writer in an English journal prophesies that one of the results of the war will be the interchange of national recipes in the art of cooking. "Irish stew" penetrated the French menu just after the battle of Waterloo. The art of omelette making came to England from Normandy.

The Aga Khan, the great leader of opinion in India and religious head of Islam in that country, says that henceforth India will be incorporate in thought and feeling with Great Britain. The great wave of loyalty, so manifest in every class and caste in India, is the result, he says, of the justice, if not always the generosity of British rule.

NURSING IN MISSION STATIONS

CHANGSHA AND YALE-IN-CHINA

By ALFRED C. REED, M.D.

PART II

Americans are exerting a great influence on the development of western culture in Changsha. Not the least of the agencies through which American ideals and methods are being learned by the Hunanese is the institution known as Yale-in-China. Just ten years ago Yale-in-China had its inception at Yale University. Just ten years have been consumed in getting a foothold in Changsha, in winning favor with the Chinese and in developing the splendid institution of today. The parent organization is an incorporated society of faculty, students and graduates of Yale University which supports the work in Changsha. The movement stands by itself as an original and successful university idea, doing practical missionary work in the broadest sense of the term and seeking to build up an institution which shall mean to China what Yale means to America. It is an ideal worthy of a great university and of an American university.

Yale-in-China is non-sectarian but broadly and distinctly Christian. Its activity is not evangelistic but educational and medical. It supplements, without entering their field, the work of the regular missionary societies. It seeks to provide higher education, both academic and medical, for Chinese students who are qualified to enter. The college of Yale-in-China has 240 students and an equally long waiting list. Its first Freshman class numbers 15 men, the balance being in the high school department. Buildings are being erected on a new 30 acre campus outside the north gate of the city and the old Chinese property within the city will soon be given up.

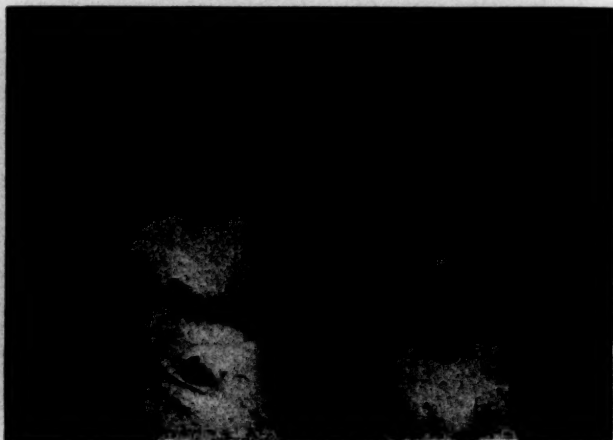
Even more remarkable than the growth of the college of Yale-in-China, which equals in ten years what the parent university required fifty to accomplish, is the development of the medical department. The Yale Hospital has grown and enlarged its scope until it consists of two separate hospitals for men and women respectively with a staff of four Chinese house physicians and four attending physicians, members of Yale-in-China. Within the past year has come a development totally unexpected by Yale, which well marks the estimation placed by the Chinese on Yale's work in Changsha. A group of eighty of the

Hunanese gentry formally petitioned Yale to enter into a coöperative agreement with the Hunan government for the purpose of organising and supporting a high class school of medicine. The agreement is now in full operation and under it a medical preparatory school has been opened with 19 students, while two nurses' training schools, for men and women respectively, are completing their second year. The contract has received approval and support from the cabinet of Yuan Shih-kai at Peking and is being entered into with great enthusiasm by the governor and gentry of Hunan. The Chinese are to pay \$50,000 (Mexican) annually for a term of ten years, and are to provide sufficient land and suitable buildings for the medical and nursing schools. Yale is to supply fifteen full-time teachers, a modern hospital for which the money has already been given, and is to administer the plant.

China has never before seen anything like this Hunan-Yale Medical Education Association, and its inauguration marks the opening of a new era in the development of China. Its supreme significance lies in this fact: it is essentially a wholesale coöperation between Chinese and Americans to develop a first class western school of medicine and medical research. It thus has the advantage of western men and methods and the very exceptional advantage of loyal and sincere Chinese support. The governor of Hunan has made the initial payments and has given property worth \$50,000 (Mexican), within the city and nine acres of land adjoining the new Yale campus outside the north gate. Even now it is said that no such enterprise as this can succeed in China, but about the only argument favoring such a view is that it has never been done before. The men back of this enterprise, both Chinese and foreign, are not men to be discouraged by any obstacle or dissuaded by any argument. They have gone ahead with the big idea of Yale-in-China in spite of difficulty, discouragement and actual danger, and they have made a success of it. They will make a success of the Hunan-Yale Medical School. Much could be written of the brilliant work of E. H. Hume and F. C. Yen, both Yale men, and together responsible for Yale-in-China's great medical development, but that is another story. Still another story is the tale of Dr. Yen, an American and English trained physician, of the most up-to-date type, and his team-mate on the Hunan-Yale board of trustees, old Dr. Chu, a native Chinese practitioner of the old school who, after achieving fame and wealth in the practice of Chinese medicine, has given it up and turned all his resources and influence to the support of the western Hunan-Yale. That, too, is a long and dramatic story. It must answer for the present to have barely sketched a movement for medical education in China which is attracting the attention of far-sighted educators both in

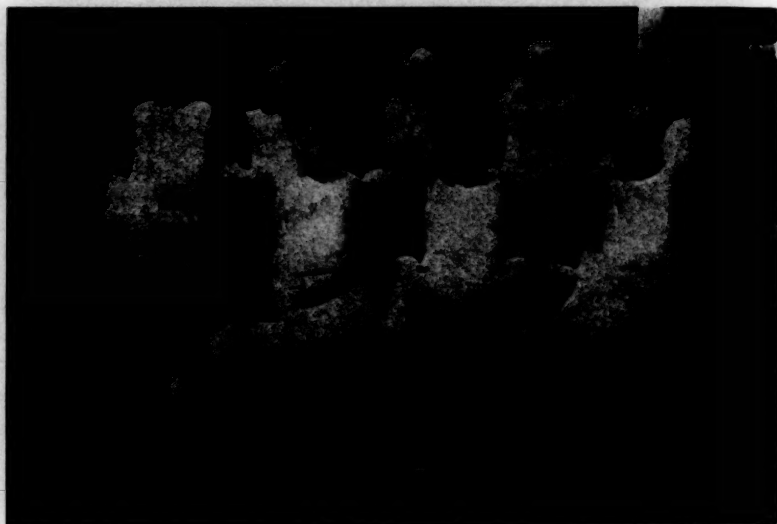


NO. 1. OLD CHINESE SCHOLAR WITH TORTOISE-SHELL
SPECTACLES AND FAN



NO. 2. YALE HOSPITAL STAFF

FRONT ROW, LEFT TO RIGHT: DR. HUME, MISS FARNSWORTH, MRS. CHANG,
MISS GAGE, DR. YEN. SECOND ROW: DR. FROST, DR. REED.



NO. 3. A NURSES' CLASS AT THE YALE HOSPITAL



NO. 4. GROUP OF PATIENTS IN YALE HOSPITAL

China and America. Not the least interesting feature of this work is that the Chinese graduates of Yale-in-America are loyally supporting Yale-in-China and have underwritten two professorships in the Hunan-Yale Medical School.

Such in brief is Yale-in-China and its home city, Changsha. The Chinese has many things to learn from America and it is more than possible that he may have some things to teach. Americans are in favor in China today because they represent the only great power which China feels she can trust. Great opportunities await us in trade, in mutual education and in international friendship. If these opportunities can be improved on a coöperative basis with the Chinese, they are bound to succeed to the advantage of both parties, and Yale-in-China marks more than an experiment and model in this direction.

ITEM

Esther L. Shields, who has returned to Chosen (Korea) after a long furlough in this country, found that the Japanese have established examinations for nurses. She writes:

A government examination, quite practical, is required of all nurses who expect to follow their profession, those coming in from the United States as well as those who are trained here, Japanese and Koreans. I think all must have certificates before going out from the hospital to do general nursing. Am glad I was able to attend to the matter so soon after coming back and received my certificate yesterday. Miss D. M. Battles of the Presbyterian Hospital, New York City, and I went up for our examination at the same time, but she went to Hai Ju before the certificates were formally presented so hers will be mailed to her and we can settle down to work. Miss Battles goes to a hospital cared for by the Methodist Episcopal mission. Kathlyn Esteb has been here since April (Severance Hospital, Seoul) and took over the superintendent's responsibility for the nursing department. There are twenty Korean pupil nurses now and three graduates.

DEPARTMENT OF PUBLIC HEALTH NURSING

IN CHARGE OF

EDNA L. FOLEY, R.N.

Collaborators: BESSIE B. RANDALL, R.N., *Omaha*, AND ELIZABETH GREGG, R.N., *New York*

VISITING NURSE ASSOCIATION CLASS CONFERENCES. The following questions were recently asked a large group of city visiting nurses: 1. How many of your patients have family doctors? 2. How many families refuse to call doctors because of poverty? 3. How many refuse to call doctors because they consider the patient not very ill and believe that the nurse should know how to prescribe for her? 4. How many midwife maternity cases are in the poverty class? 5. How many women call midwives because they prefer a woman rather than a man physician?

1. All of the nurses felt that none of the very poor patients had family doctors, with the exception of a few families who had seen better days and whose former physicians attended them free of charge. Many American-born and bred families constantly called in the same physician; most foreign-born families changed physicians frequently, not merely every time a physician was needed, but several times during the illness of one patient. In fact, several nurses reported that in their Polish and Italian districts, it was almost impossible to make the families retain one physician long enough to give him any chance to help the patient. All of the nurses felt that the family physician was a question, first, of standard of living and family intelligence; second, of income. A fairly intelligent family that had attained an American standard of living called one doctor for every illness; a family whose income was so irregular that the doctor had to be paid for every visit as he came to the house, was apt to change doctors far more frequently than a family in more stable circumstances, to whom the doctor presented an account when the case was terminated.

2. A comparatively small number of families refused to call doctors because of lack of income. These families are taken care of in Chicago by the system of county physicians, but as the county does not send free physicians to people who own property, or to families where there is an able-bodied man working, some families refuse to call a physician on the plea that they cannot afford to pay one, when what they really mean is that the county won't send one and they don't wish to pay one. Some

families do not call physicians because the payment of the physician's fee and the purchase of medicine are an impossibility, but more frequently families do not call doctors because they believe that the nurse should be able to diagnose and prescribe for what they consider a "mild" case of illness.

3. Frequently families of the better class, as well as very poor families, do not recognize serious symptoms of illness and believe that the visiting nurse should know how to take care of the patient without the assistance of a physician. Needless to say, it makes the families very angry when the nurse refuses to do this. It does sometimes seem as if certain types of cases could be cared for by certain orders, or without calling a physician, but fortunately for the nurses' protection, the laws of the state of Illinois are very plainly worded and nurses are not licensed to prescribe or to practice medicine. It is very hard to make district families understand this, however, and sometimes five or six visits are required to make a mother summon a physician.

4 and 5. Foreign-born women almost invariably call a midwife because they or their husbands prefer a woman to a man physician, but it is becoming easier every year to persuade both patient and husband to call a physician, whether man or woman. Some patients prefer midwives because, for the same, or a smaller fee, the midwife will take care of both mother and baby and do some of the housework; but most of the patients who are decidedly in the poverty class do not call midwives but depend upon the services of the lying-in dispensaries. Many of the midwife cases could afford to pay physicians, but do not wish to have a man in attendance. These are simply Chicago experiences. The conference was such an interesting one that other nurses may like to apply these questions to their own local conditions.

POSITIONS FOR NURSES AND NURSES FOR POSITIONS. Every year, a number of very good positions seek nurses and nurses who have had experience in public health work frequently seek positions. Occasionally a misfit is the result of a search on either side and a very good nurse finds herself in a new state, among strangers, and in a position which sounded better on paper than it has actually proved to be. There are few cities in the Union whose nurses are not in touch, to a certain extent, with their public health problems, and a nurse from a distance who is offered work in any of these cities, should be just as careful in seeking references for the position as a good position is in seeking references for any incumbent.

Not long ago, a nurse traveled more than one thousand miles to accept a position in a large city, which had been refused by nearly all the local nurses to whom it had been offered, both because the work was

not up to standard and because the conditions under which a nurse was asked to work were intolerable. The new-comer remained in her position about three months, and returned to her home, at considerable expense to herself, a wiser, and possibly a less cheerful nurse. This is just as likely to happen in the public health field as in institutional positions. No nurse is really fit to hold a good executive position who does not investigate the position quite as thoroughly as it investigates her.

During the past few years, there has been a very great demand for nurses in the public health field. Frequently a small town or a struggling organization has asked that a nurse have all the qualifications of leadership and have offered her, in return, a salary far below a living wage. Other cities do not realize that their work can be done, and well done, by a nurse who has had less experience than the type of training they think their particular problem demands, consequently they waste months looking for the right person, when perhaps she is at their very doors.

The following questions are frequently asked by associations looking for field nurses or executive nurses: "Has she had any experience in actual district nursing? Has she executive ability? Is she a good public speaker? Is she a good organizer? Can she help raise funds? Is she well bred? Has she had a good education? Has she a nice personality? Is she tactful?" Seldom does the position ask: "Is she a graduate of a good school and is she a good nurse? Is she strong and well? Is she willing to work fourteen hours a day to make her work a success? Can she get along with all sorts and conditions of people—boards of directors, subscribers, patients, physicians, etc.? Is she willing to do all of this for a salary which just about covers her local expenses and leaves her a very small margin for rainy-day saving?" In other words, many positions seeking nurses demand only the most highly trained, specially qualified women for their positions and then do not expect to make a sufficient remuneration to compensate such women for the many years they have spent in acquiring this ability and personality.

On the other hand, a nurse frequently asks, first of all, "What salary does the position pay? What are the hours on duty? What are the living conditions?" She doesn't ask "How large is the town? What are its most distinctive features? Is it a manufacturing centre with many foreign-born people, or are most of the population native born? Is the public health organization one of many societies all working for public betterment, or is it one of few, or the only society organized? In other words, what coöperation may I expect from other agencies as well as from the public at large? Who are the local people back-

ing the work; is it privately organized? What is their local standing? What is their personal interest in the work? How do the local physicians and hospitals feel toward the work, what coöperation may I expect from them? What work has been accomplished in the past? If it has not been successfully done, why did it fail? How big is the field? How much is expected of me; how much help may I expect from the people with whom I shall work? What service can I render that town by going to it?"

These are a good many questions for a nurse to ask, and she may not get good answers to all of them, but her interest in her new appointment will be judged, not merely by the number, but also by the intelligence of her questions. If she is a wise nurse, she will be in correspondence with one or two other people in the town or in the state, unless she is assured by someone whose judgment she trusts, that both the position and the opportunity for her, are good.

Every society makes the mistake of thinking that it is easy to get a very well-trained, fully qualified public health nurse; many nurses make the equally grievous mistake of thinking that any graduate nurse can successfully do public health nursing and that by so doing, she has her evenings and Sundays to herself. It takes more than a nurse's training to become a successful district nurse and the positions which have been disappointed in their nurses in the past, and the nurses who have been disappointed in the new positions which they have accepted, should survey both the nursing supply and demand very carefully before they put their standards either too high or too low. The day is rapidly coming when special training in public health nursing will be necessary for any nurse who wants to succeed in this very interesting field of work.

Even a good nurse may be misled into accepting a position which will be full of disappointments, even of bitterness, if she does not investigate the position before she enters into it. Societies sometimes complain of nurses who have come to them and not made good, we hear less often from the nurses themselves, but it is not unreasonable to suppose that the society as well as the nurse was on trial and that both failed. This, of course, is not true in all cases, but it is true more often than we realize.

Massachusetts: The Visiting Nurse Association of Worcester, Mass., Rosebelle Jacobus, superintendent, has recently adopted the standing orders used by the Chicago Visiting Nurse Association. The standing orders have been endorsed by the Worcester County Medical Association.

HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF

MARY M. RIDDLE, R.N.

Collaborator: ADDA ELDREDGE, R.N.

THE WORK OF THE SOCIAL DIRECTOR OF NURSES

BY SOPHIA LYMAN SMITH

Physical and Social Director, Newton Hospital

Let us imagine our ideal social director just arriving at the hospital which she is to serve. She is probably at first deeply impressed by the awesome and quiet and the general *etheriness* of the place; but she soon discovers that people in a hospital are just like any other group of people living under one roof for a while. Her first task, of course, is to make friends with the nurses, and learn their point of view. Many anxious moments have been spent, worrying about this very thing; but to speak quite frankly one cannot imagine a more friendly group of people than the nurses. It has been a delightful surprise to find them so responsive and congenial and willing to be friends. Of course it is not an instantaneous process; it doesn't burst upon one the first morning like an earthquake, but every week that passes adds several names to the list of the social director's friends, especially if she has lived with big groups of girls before. A nurses' home differs very slightly from a college house or a boarding-school dormitory, except that it is deserted for a large part of the day. The informal life; student government, at least in the vital matter of lights out; and the fact that girls everywhere are much alike will soon convince the social director that she is in a familiar atmosphere.

It is all very well to live comfortably and happily, and to be friends with one's neighbors; but what is the new arrival to DO? Doubtless to the pupil nurse, with her very definite hours of duty and her constantly busy life, it seems a highly desirable thing to be able to go to the city whenever one pleases, and to read the stories in Harper's the first day it arrives. But there are many days in the social director's life when she would be only too thankful to go on duty at seven o'clock in the morning and stay there till seven o'clock at night, with something definite to do every minute. She feels that she cannot be a busy, and therefore a happy, person, unless she has some other duties beside those

of social direction. There are so few hours in the day when the nurses are at liberty that this official is bound to have too much free time on her hands. It then becomes the question what further work can be given her. From experience one learns that it would work much better for her to have the duties of instructor rather than those of house-keeper at the nurses' home, for various reasons. The instruction of nurses involves such special technical knowledge that one might naturally draw the conclusion that the best social director would be one who had herself taken the nurses' training. There might be very serious drawbacks to this plan, however.

Now as to the actual process of social direction, we must tread very gently in order not to frighten the whole thing away. It is such a coy, intangible sort of thing. My colleague in Chicago writes, "My schedule is a myth. Sometimes I comfort myself by trying to think I have one; but then I suddenly remember that a schedule implies definiteness," and definiteness is not for us. After all, it is a question of influence, and influence is too subtle to be talked about. But the main aims of the social director may be stated here. She must try to keep the pupil nurses from being *depersonalized* by their profession. It is the most pathetic thing about our industrial system that a man who makes shoe-buttons all his life becomes himself little more than an animated shoe-button. He loses his own life in his mere business; loses at least those phases of a more abundant life which imply more than existence, and the worst of it is, that often his employers highly approve of this deadening process. In many cases they actually believe that he will be a more efficient button-maker for the very reason that he has lost the power to be interested in bigger things. With the profession of nursing, surely the situation is quite reversed, no one is looking for a nurse who can do nothing but mix doses and give baths and make beds. The finer the person, the finer the nurse, and that is why we must cherish the personality of the individual. It has been distressing to hear several people in the hospital say, "I really have no convictions about suffrage. I have never taken the time to think it over." Now we may have no desire for people to be militant on either side, but to be indifferent to such a vital question shows a lazy attitude of mind which one must deplore. Any severe training has a tendency to make its subject machine-like. I believe that this applies to hospitals as well as to armies, and that there could easily be written a nurses' equivalent for

Boots, Boots, Boots, Boots, marching up and down again,
And there's no discharge in the war.

This very routine, so valuable in itself, necessitates an effort in the opposite direction if the nurse is to be kept normal. The various moves toward social reform have as a fundamental principle this: that the business has no right to crush or swallow the person. A nurse who has graduated from the training-school, and still keeps her "pep," that word must have become classic by this time, her ability to enter into normal pleasures and, above all, her deep interest in people, is carrying to her work a great endowment. A friend who is engaged in rather similar work wrote the other day, "Sometimes I fairly long for someone who enjoys my kind of nonsense." It is impossible for me to sympathize with her at all, for the nurses under my direction do enjoy my kind of nonsense. They are the same kind of girls to be found anywhere, and might easily be a group selected at random from college students,—except for the one fact that never, never are they to be seen at their best. After their long hours of hard duty, they are physically exhausted and their minds refuse to work alertly. For the last few weeks, the senior night-nurses have been having a reading club. One morning when one of them was reading a war-story so thrilling that one could hardly sit still, a glance around the room disclosed three people fast asleep in their chairs. If only some scheme could be devised to shorten the hours on duty, the nurses would not only be able to maintain a more normal and enthusiastic attitude toward the world in general, but also they would learn their lessons in a far more satisfactory and mature way. From a slight experience in teaching in the training school one must be convinced that for the courses required the nurses need their best concentration, not the left-overs of their minds.

The one great distinction to be made between these students and college students is that these have a less receptive point of view. To be sure, there are plenty of college students who have absolutely no interest in what they are studying; they would blush to display any enthusiasm for subjects in the curriculum, but without exception they are eager to learn outside things. They realize the value of general information; whereas the nurses have a tendency to look on general information as an additional burden. With the nurses the snap seems to have gone out of their mental response to interesting things. And it can be explained in no other way than that the demands of the work itself swallow up all the life that they have to offer and the natural state when off duty is either a pointless giggling or a sleepy coma.

My experience has been that the organized forms of social intercourse—definite clubs and societies—are not of great value for nurses. The vicissitudes of life and night duty are such that the same people never appear at two successive meetings. One is inclined to think

that more informal affairs, to bring stockings to darn on Saturday night and learn as much as possible about the government of France, are rather more successful.

When all is said and done, the methods must depend on circumstances, whether organized clubs or athletic stunts or visits to art exhibits or reading the newspapers or just a party may prove to be the wise thing for the moment; but the *great aims* are fairly well defined, to keep the life of the training school in touch with general normal life; not to allow the absorbing questions of symptoms and dosage to crowd out the natural interests of a young woman's thoughts; to avoid if possible the entirely thoughtless but unfortunate joking about birth and death and the other great human experiences, the common accusation brought by the world at large against the nursing profession; to try to increase the general information and the breadth of interest of the students; and above all, to make them feel that they have a friend, just a plain person, quite outside of the disciplinary system of the hospital, with whom they can talk freely, as to some member of their families.

CAMPAIGN TO PREVENT BLINDNESS

II

Kentucky: In a recent bulletin of the State Board of Kentucky, devoted to "Prevention of Trachoma," we find the statement made a number of times that trachoma exists not only in the eastern section of the state, but is also found to considerable extent in the Blue Grass country and through the south and west. Dr. John McMullen, U. S. Public Health Service, and Dr. A. T. McCormack, who have been making a survey of conditions in Kentucky have recently been making examinations of the eyes of school children in a number of the hitherto unvisited cities. Their investigations have shown that there is scarcely a community where trachoma may not be found. For instance, in Henderson, 81 pupils were excluded from the schools on account of trachoma; in Hopkinsville, 46 cases were found among 500 children examined; in Paducah, 97 cases were found out of 728 pupils examined. In fact, in practically every school visited, the number of children found with this disease, either well developed or in an incipient stage, was far beyond expectations.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

PROPHYLAXIS OF SCARLET FEVER.—The *Lancet* reports excellent results from painting the throats of patients with carbolized oil, 10 per cent, at three-hour intervals day and night for forty-eight hours, then twice a day for a week. Daily friction of the whole body with eucalyptus oil was used in addition. These measures prevented the spread of the disease.

CEDAR OIL POISONING.—Oil of cedar is one of the drugs relied upon by the laity as an abortifacient. In a report published in the *Medical Record*, it is stated that though in some instances cases had ended fatally where this drug had been taken, in no instance did the woman abort.

MORPHIN-SCOPALAMIN NARCOSIS.—The *Journal of the American Medical Association* reprints the following from the Pharmacology of Useful Drugs: Effective doses are not very dangerous to the mother in the hands of those who have mastered the difficult technic of its use, but labor is frequently prolonged by its use and the death rate among the new born from asphyxia is certainly higher than with other methods in the hands of the general practitioner.

TREATMENT OF NEPHRITIS.—The *Boston Medical and Surgical Journal* reports the treatment of a few cases of nephritis with thyroid extract. If given carefully the administration of the drug is safe and should receive more attention than hitherto. A rigorous system of diet may be so strict or long continued, as to be harmful. More freedom in the allowance of protein may be of advantage in individual cases.

REMOVAL OF SILVER STAINS.—A correspondent, in the *Journal of the American Medical Association*, recommends wetting the stains, either on hands or clothing, with a salt grease, such as bacon fat, followed by soap and water. It is stated that silver stains on towels, etc., can be readily removed by applying a dilute solution of mercuric chloride.

WARM ETHER VAPOR.—A writer in the *Lancet* describes an apparatus by which he administers warm ether vapor. He says there is greater ease in breathing, a free airway, and complete oxygenation, less loss of body heat and so less shock. In very warm weather the ether may be brought to the temperature of the room; in cold weather 85 degrees to 90 degrees Fahrenheit will give good results.

THE PUPILS.—Dr. Richard C. Cabot says that the value of the pupils in diagnosis has been greatly overestimated. There are comparatively few conditions in which they yield important diagnostic evidence. Although they are very often abnormal, the abnormalities are seldom characteristic of any single pathologic condition and throw little light on the diagnosis.

TREATMENT OF RINGWORM.—A writer in the *Journal of the American Medical Association*, says a simple and efficacious method of treating ringworm of the scalp or body is to shave the part if necessary, clean it with ether and apply 50 per cent tincture of iodine. The infected area is then frozen with ethylchlorid. One treatment suffices for body ringworm; two or three for ringworm of the scalp.

TOBACCO SMOKING.—In a discussion reported in the *Medical Record*, following the reading of a paper by Dr. Abbe, in which many cases of cancer of the mouth and tongue were traced to the excessive use of tobacco, it was stated that cigarettes are not more injurious than other forms of smoking. Possibly they are less injurious as they contain less tobacco than cigars. The danger is in the temptation to a more continuous use and to the practice of inhalation, which was condemned. Ten cigarettes a day was considered an excessive amount.

RIGOR MORTIS.—Rigor mortis is defined as the condition of rigidity or contraction, into which the muscles of the body pass after death. It usually begins in the muscles of the eye, neck and jaw, continuing to the chest and upper extremities and lastly those of the abdomen and the lower extremities are affected. It begins from fifteen minutes to six hours after death and continues for about twenty-four hours. It is said to be due to the coagulation of the muscle plasma.

SHELL SHOCK.—The *Paris Médical* says that in mental disturbance following explosions of shells 95 per cent of the cases proved rapidly curable. A mild emotional stimulus was of use, such as asking a man to write or dictate a letter to his family.

THE ASEPTIC OPERATING ROOM.—The *Journal of the American Medical Association* repeats from a French journal a description of an aseptic operating room. It is to be ventilated exclusively with sterilized air. The spectators stay in an adjoining room with a glass front, a short distance from the operating table. The surgeon's remarks are transmitted by a telephone and megaphone to the auditors. There is a protecting zone around the operating room, in this the sterilizing service is installed. This in turn is protected by an outer zone containing the anesthetic room, and the surgeons' and nurses' toilets. The doors when closed present an absolutely smooth surface continuous with the inner wall.

THERAPEUTIC VALUE OF HYPOPHOSPHITES.—A paper in the *Journal of the American Medical Association* detailing researches into the value of hypophosphites as a medicine, or food, concludes that there is no reliable evidence that they exert a physiologic effect. It has not been demonstrated that they influence any pathologic process; they are not foods. If they are of any use, that use has not been discovered.

CHANGE OF TITLE.—The name of the Training School for Nurses at the City Hospital, Blackwell's Island, has been changed by Commissioner Kingsbury to the City Hospital School for Nursing. The three advisory boards of the school have been abolished and a single board formed, composed of representatives of the three.

IODINE FOR TYPHOID CARRIERS.—A German authority, quoted in the *Medical Record*, says that iodine in combination with charcoal will free the stools from typhoid bacilli very promptly. From 8 to 15 minims of tincture of iodine is given in a glass of water from three to five times a day, wood charcoal in teaspoonful doses being given at the same intervals. Discharge of bacilli in the urine may continue for a considerable time, but this can be speedily arrested by the administration of hexamethylenamin.

PEDICULICIDE.—The same journal gives a prescription for destroying pediculi. Fluid extract of stavesacre two drams, dilute acetic acid six ounces; apply externally three or four times a day until the nits have all been hatched.

PNEUMONIA.—In a report of discussions on pneumonia, in the *Journal of the American Medical Association*, it is stated that to relieve the high temperature, in addition to the usual hydrotherapeutic measures, benefit had been obtained from wrapping the hands and arms to the elbows, and feet and legs to the knees, in wet cloths covered with dry cloths, for twenty minutes three or four times a day. Cold, fresh air is recommended in croupous pneumonia as better than any drug. "It is hard on the nurse, but it is life to the patient." Cotton jackets and poultices are said to be remnants of barbarism.

GIFT OF HOSPITAL TRAIN.—The *Medical Record* notes the gift by two Americans to the French Government of a hospital train capable of transporting 225 wounded soldiers. The ceremony of presentation took place at La Chapelle Station, Paris. For the present the train will be in the charge of two surgeons from the American Ambulance, Paris, and will be used to carry wounded soldiers from the front to the south of France.

LETTERS TO THE EDITOR

The editor is not responsible for opinions expressed in this department. All communications must be accompanied by the name and address of the writer.

A WORD FROM SIBERIA

DEAR EDITOR: I thought you might be interested to know something of our work in Siberia. We have been in Irkutsk several weeks, having visited prison camps in Omsk and Novo-Nikolajewsk prior to coming here. A commission from the Swedish Red Cross and a Y. M. C. A. worker from America, Mr. Bartholomew, are stationed here doing wonderful work. We have eight nurses in our unit and Dr. Crookston of Pittsburgh is our director.

KATRINA E. HERTZER.

Irkutsk, Siberia.

[Later news from Miss Hertzner informs us that she is leaving Siberia, and will be in the United States by the first of April.]

BETTER STANDARDS FOR PRIVATE DUTY NURSES

DEAR EDITOR: It is interesting that almost every criticism of the private nurse comes from nurses holding institutional positions. Why these nurses feel so superior to private nurses I have yet to learn.

Of course we all realize that the standard of the nursing profession must be raised, but when superintendents clamor for better nurses let them remember that in order to get the work done in hospitals they have admitted uneducated, unrefined girls and graduated them when they should have been dismissed as probationers. That is the main reason for there being so many undesirable nurses who lower the standards. With the superintendent lies the first move toward raising the nursing standard.

My opinion is that a nurses' club having full charge of the registry can do more to eliminate unworthy members of the profession or to bring them up to the A. 1. class than a world-wide organization. We should have a federation of nurses' clubs by which we can strive for the same high ideals and keep in touch with each other.

A. E. O'C.

Illinois.

NURSING IN THE INDIAN SERVICE

DEAR EDITOR: Occasionally we read articles in our journals in regard to nursing among the Indians and I always read such articles with much interest and only wish that more nurses in this work would see fit to exchange items. In traveling to the different schools as I do, I see the conditions and see a great need for, but I am sorry to say, very few nurses. This JOURNAL, no doubt, will be read by a vast army of nurses, both graduates and pupils, some of whom will graduate this spring, and who are now wondering just what line they will follow. Let me say to such that if they are thinking of missionary work, we have a large field right here at home for the nurse who is not afraid to sacrifice and be deprived of some of the comforts and pleasure that city life affords.

The United States Government maintains a great number of schools for the educating and uplifting of the "Noble Red Man" and with our efficient Commissioner of Indian Affairs, Hon. Cato Sells, we are endeavoring to stamp out disease and teach the Indian how to live so as to be a healthful and useful citizen. Mr. Sells and his assistants certainly are doing a wonderful work, but I am sure that he realizes that he cannot carry the whole burden and needs our cooperation. We find that many of the Indians have that dreaded disease trachoma, especially the school children, and we all know that if this disease is left untreated it often results in blindness. Here the nurse can do her share in this great campaign for "Preparedness," for what counts for more than good health? In order to prepare these children to be their best we must look after their physical welfare. The Indian is a little slow sometimes to show his gratitude and he may watch you with a keen eye until he sees whether you "make good medicine" but if you do and once gain his confidence, he is your "good friend" ever after. Thus we have the fruits of our labors.

I hope that nurses who read this will give it thought and consideration and that it may be the means of more entering the Indian Service, for we need more nurses, good nurses, and nurses with the true missionary spirit.

For further particulars apply to the United States Civil Service Commission, Washington, D. C.

South Dakota.

R. B.

TO THE TRAINING SCHOOL GRADUATES OF 1916

DEAR EDITOR: With the interests of the nursing profession and the alumnae associations at heart, as well as the interest I have in the 1916 graduates, I am writing this letter that they may know how the alumnae associations feel towards the graduates of their alma mater.

I can well understand how indifferent a nurse may feel towards the organization by my own feelings in the past. For years I hadn't the slightest interest in my alumnae association, of which I was a charter member, 1891; and when I did wish to go back it was not because of any desire to help the alumnae association but because I felt sure the society could and would help me. I therefore paid six years' back dues and have found there is work for us all to do. The harder one works for the association, the bigger and better one will be, and the growth of the individual means the growth of the organization to which one belongs and membership therein will be of value just in proportion as one helps to make it worth while.

If a nurse join her alumnae association this year she will, of course, be the youngest member in the work, but in a few short years the older ones will be gone and she will be one of the "old nurses," and the association will be what she has helped to make it, either because she became a member and worked for it, or because she did not give it her moral and financial support.

She would not enter a training school whose graduate nurses cared too little for the advancement of the profession and the welfare of their associate nurses to organize and keep up an alumnae association. I am sure any hospital board and association would be ashamed of a training school sending out nurses of that kind.

To the nurse, individually, membership in an alumnae association should mean much. If she were seeking a position, one of the first questions likely to be

asked her would be whether she were a member in good standing in her alumnae association. As the years go by, more and more stress will be laid upon, and the filling of important positions conditioned upon, membership in an alumnae association. In order to become a member of the "Red Cross Society" one must be a member in good standing of some organization affiliated with the American Nurses' Association. Many nurses think that registration should be compulsory in all states as it is now in thirteen. If an association is a member of the American Nurses' Association, membership in it makes one a member of the A. N. A. and that organization has a Relief Fund to be used to help its members who need more help than the local society can give.

I am taking it for granted that all alumnae associations have some established way of looking after the welfare of their members. If by chance an association does not have such a fund, it may be the privilege of the graduates of 1916 to agitate the question and get one started, and the hospital managers should take enough interest in its graduates to help along the good work. They must know how absolutely impossible it would be to have a good hospital without good nurses.

Now I am asking the nurses of 1916 to think it over and talk it over and join the alumnae associations in a body; for by so doing they will be working to their own advantage as well as for the interest of their societies.

CAROLINE H. METCALF.

Pittsburgh, Pa.

SUBJECT TO THE DOCTOR'S APPROVAL?

DEAR EDITOR: I have found the following hints very helpful to the private duty nurse and am passing them on with the hope that others may benefit by them. How many times we are on a case when some member of the family meets with an accident, such as a cut from an axe or a bruise from machinery, possibly when some miles from the doctor. Gasoline is a most wonderful hemostatic, antiseptic and cleansing, especially when there is grit and grease in the wound. It would pay every private duty nurse to include a small bottle of gasoline in her paraphernalia remembering, however, that it is highly inflammable. The next time you meet the emergency of post partum hemorrhage, while you are waiting for the physician you will find a vinegar douche a marvelous treatment. Vinegar is found in every household and it can be used hot or cold. Trusting that these hints may be of value to some of the JOURNAL readers,

New York.

C. M. H.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

THE AMERICAN NURSES' ASSOCIATION

The nineteenth annual convention will be held in New Orleans, La., April 27-May 3, 1916. All dues should be in the hands of the treasurer before these dates, as it is desirable that none should be paid at the time of the convention. No credential cards are sent to associations or individuals in arrears. Dues should be sent to the treasurer, Mrs. C. V. Twiss, 419 West 144 Street, New York City.

Credentials were mailed to all associations and individual members in good standing on March 27th. If these were not received, the secretary should be notified at once.

HOTELS AND BOARDING PLACES

Headquarters, The Grunewald. Rates: In the old building, rooms without bath, \$1 a day and up; with bath, \$2.50 a day and up. In the new building, rooms without bath, \$1.50 a day and up; rooms with bath, \$3 a day and up. \$1 extra for each additional person.

The St. Charles, The DeSoto, The Cosmopolitan, The Monteleone are also recommended. The rates vary from \$1 to \$4 a day for one person; \$1 extra for each additional person.

Boarding Houses, rates from \$8 to \$14 per week: Del Houmer, 1003 Camp Street; Miss Helen Green, 1102 St. Charles Avenue; Mrs. W. S. Crawford, 3002 St. Charles Avenue; Mrs. M. D. Connery, 2812 St. Charles Avenue; Mrs. M. L. Hetherwick, 2031 St. Charles Avenue; Miss Ada Parker, 1802 St. Charles Avenue; Miss Virginia Ford, 2005 St. Charles Avenue; Magnolia Manor, 1912 St. Charles Avenue; Mrs. A. Hazard, 2321 St. Charles Avenue; Mrs. T. W. Tarlton, 2409 St. Charles Avenue; Mrs. Griffin & Norton, 3206 St. Charles Avenue; Miss E. Work, 3116 Prytania; Mrs. E. McC. Nathan, 3004 Prytania; Misses Bertin, 1408 First Street; Mrs. A. K. Finlay, 1731 Jackson Avenue.

TICKET OF NOMINATIONS

For President: Anne W. Goodrich, New York, N. Y.; Second nomination from the floor.

For First Vice-President: Mary C. Wheeler, Chicago, Ill.; Adda Eldredge, Chicago, Ill. For Second Vice-President: Elsie M. Lawler, Baltimore, Md.; Louise M. Powell, Minneapolis, Minn.

For Secretary: Katharine DeWitt, Rochester, N. Y.; Second nomination from the floor.

For Treasurer: Mrs. C. V. Twiss, New York, N. Y.; Sarah E. Sly, Birmingham, Mich.

For Directors for Three Years (Two to be chosen): Dr. Helen P. Criswell, San Francisco, Calif.; Minnie H. Ahrens, Chicago, Ill.; S. Lillian Clayton, Philadelphia, Pa.; Arabella R. Creech, Elizabeth, N. J.

PROGRAMME OF THE AMERICAN NURSES' ASSOCIATION

Wednesday, April 26. Meetings of the Boards of Directors of the American Nurses' Association, the League and the Organisation for Public Health Nursing.

Thursday, April 27. 9 a.m. to 12.30, Registration. 2.30-4.30 p.m., Business Session. Roll call, reports of secretary, treasurer, and of standing committees. 4.30-6 p.m., Social hour, tea served by Louisiana nurses. 8.15 p.m., Open Joint Session. Invocation by Bishop Davis Sesums. Address of welcome by Hon. Martin Behrman, Mayor of New Orleans. Addresses by the presidents of the three national organisations, Misses Goodrich, Noyes, Gardner.

Friday, April 28. 9-10 a.m., Round Tables. 11.30 a.m., Business Session, discussion of revision of by-laws and of reorganization. 3 p.m., General Session under the auspices of the League. 4.45-5.30, Social hour, tea served. 5.30-6.30 p.m., Round Tables. 8.15 p.m., Open Joint Session under the auspices of the Organisation for Public Health Nursing.

Saturday, April 29. 9-10 a.m., Round Tables. 1.30-3 p.m., Private Duty Session: Why Private Duty Nurses Need an Organization, Frances M. Taylor, Philadelphia; The Nurse on Private Duty, Ella M. Sperry, Indiana; Yellow Fever Nursing, Mrs. E. D. Harris, New Orleans. Question Box. 3 p.m., General Session under the auspices of the Organisation for Public Health Nursing. 4.45 p.m., Boat ride by invitation of the Sisters of the Charity Hospital. The evening is left free for class reunions, suppers, etc.

Sunday, April 30. 3 p.m., Mass Meeting. Addresses will be given by Rabbi Leipsiger, representing the Jewish churches; by Father Beiver, representing the Catholic churches; and by Dr. John Barr, representing the Protestant churches.

Monday, May 1. 9-10 a.m., Round Tables. 10 a.m., Session on Central Directories. Report on Hourly Nursing, Alma E. Wrigley, Pasadena; Responsibility of a Successful Private Duty Nurse to a Registry, Bertha Love, St. Louis; Should Hospitals Require their Graduates to Register with the Official or Central Directory? Mary B. Sollers, Peru, Ind.; discussion on the following topics—How Can We Place Nurses Who Are Not in Demand? How Can We Discipline Nurses when We Have only Verbal Complaints? 11.30 a.m.-1 p.m., Special Conference of Boards of Examiners. No papers to be presented but a discussion of the work of the examiners. 3 p.m., General Session under the auspices of the League and the Organisation for Public Health Nursing, Mental Work. 4.45-5.30 p.m., Social hour, tea served. 5.30-6.30 p.m., Round Tables. 8.15 p.m., Open Joint Session. Red Cross Work. Brief review of Red Cross activities during the year, Jane A. Delano; How a South Carolina Community Provides for Sanitary Inspection, Sarah M. F. Babb; Town and Country Nursing Service, illustrated, Fannie F. Clement; The Red Cross Nurse in Time of Disaster, Oscar Dowling, M.D., President Louisiana State Board of Health; Experiences of a Red Cross Nurse in Servia, illustrated, Mary E. Gladwin.

Tuesday, May 2. 9-10 a.m., Round Tables. 10-11.30 a.m., Plague Eradication and Prevention in New Orleans, Assistant Surgeon C. V. Akin, U. S. Public Health Service; Care of the Mouth during Pregnancy, M. Evangeline Jordan, D.D.S. 3 p.m., General Session. Legislation. Standardization of State Requirements for Training Schools for Nurses, Mary B. Eyre, Denver; Methods of State Inspection of Training Schools, Amy M. Hilliard, New York. 3.45-5.30 p.m., Social hour, tea served. 5.30-6.30 p.m., Round Tables. 8.15 p.m., Open Joint Session under the auspices of the League. Ideal Training Schools; The New Profession of Public Health Nursing, Prof. C. E. A. Winslow.

Wednesday, May 3. 1-2.30 p.m., Meeting of the Advisory Council. 2.30 p.m., Closing business session.

It is hoped to be able to carry out the above program for the convention with the cooperation of all the members and for the benefit and pleasure of all. There will be round tables for private duty nurses, for registrars, for those interested in all legislative proceedings, for any groups who will leave a request with the program monitor on the day previous to that on which the round table is desired. The members will note that the morning hours are divided for the use of each group in discussing its special problems, while at 3 p.m. a general session will be held in the ball room of the hotel, where each association takes its turn in presenting a phase of its work to the whole body. The evening session at 8.15 will be held in the Atheneum and will be open to the public as well as to members.

MARTHA M. RUSSELL, *Chairman.*

ITEMS CONCERNING THE SPEAKERS

Annie W. Goodrich, graduate New York Hospital, Assistant Professor, Department Nursing and Health, Columbia University, New York, President American Nurses' Association.

Clara D. Noyes, graduate Johns Hopkins Hospital, Superintendent of Nurses, Bellevue and Allied Hospitals, New York. President National League of Nursing Education.

Mary S. Gardner, graduate Newport Hospital, head worker, Visiting Nursing Association, Providence, R. I., President National Organization Public Health Nursing.

Frances M. Taylor, graduate Lying-in Charity Hospital and Training School, private nurse for five years, manages a home for nurses.

Ella M. Sperry, graduate Ft. Wayne Lutheran Hospital, post-graduate Michael Reese Hospital, private nurse.

Mrs. E. D. Harris, graduate Touro Infirmary, New Orleans, private nursing for some time, secretary and office assistant, Dr. Kohlman.

Sarah M. F. Babb, graduate Charity Hospital, New Orleans, Red Cross visiting nurse, Greenville, S. C.

M. Evangeline Jordan, D.D.S., specialist in oral hygiene.

Fannie F. Clement, graduate Boston City Hospital and of the Boston School for Social Workers; superintendent Town and Country Nursing Service.

Mary E. Gladwin, graduate of the Boston City Hospital; served as a Red Cross nurse during the Spanish-American war in army hospitals and on army transports, both in this country and the Philippines; served for a time at the Hiroshima Base Hospital during the Russo-Japanese War; was placed in charge of the entire group serving in Dayton during the Ohio floods; has been supervising nurse of the Servian groups of Red Cross nurses; is a member of the National and Ohio State Red Cross committees.

TRANSPORTATION

The itinerary for the special sight-seeing tour arranged by the Frank Tourist Company is as follows:

Sunday, April 23—Leave New York via Baltimore & Ohio, "Royal Blue Line." Dinner included in dining car. Pullman accommodations included to New Orleans. The train leaves New York City, Liberty Street, 6 p.m.; West

23d Street, 5.50 p.m.; Philadelphia, 24th and Chestnut Streets, 8.31 p.m.; Baltimore, Camden Street Station, 10.50 p.m.; Washington, Union Station, 11.50 p.m.

Monday, April 24—Arrive Luray 3.48 a.m., remaining in sleeping car until 7.00 a.m. Transfer to and breakfast included at the Mansion Inn. Transfer and admission to the wonderful Luray Caverns included. Leave Luray 11.00 a.m. Lunch included in dining car. Arrive Natural Bridge 2.54 p.m. Transfer to and evening dinner included at the Natural Bridge Hotel. Admission included to Natural Bridge Park and Glen, Natural Bridge. Leave Natural Bridge about 10.00 p.m., connecting at Roanoke, with special train for New Orleans.

Tuesday, April 25—En route, stopping at Chattanooga from 5.55 until 6.20 p.m.

Wednesday, April 26—Arrive New Orleans 9.40 a.m. Transfer included to the Hotel Grunwald, headquarters for the Convention.

Wednesday, April 26 to Saturday, May 6 at New Orleans.

Saturday, May 6—Leave New Orleans via Southern Pacific Steamer 10.00 a.m. Stateroom and meals included to New York.

Saturday, May 6 to Wednesday, May 10—En route through the Gulf of Mexico and Atlantic Ocean.

Thursday, May 11—Arrive New York, a.m.

The cost of this tour is \$90. This is based upon there being twenty-five passengers for a private Pullman car; and includes all meals from the time of departure from New York to arrival at New Orleans; half section for each passenger from New York to New Orleans; transfer to and from all hotels; transfer and admission to the Luray Caverns; transfer and admission to Natural Bridge Park and Glen; meals and stateroom berth on steamer from New Orleans to New York; also includes the services of the conductor who will take charge of the party from New York to New Orleans.

The rates from Philadelphia, Baltimore, Washington and intermediate points, will be the same as from New York, and will include transportation from New York to these respective places on the return journey.

For those who desire to return by all rail via the same as the going route, the rate will be \$93 which includes only transportation and lower berth for the return part of the trip.

The rate from Boston will be \$14.50 additional for transportation and lower berth from Boston to New York and return via all rail; and \$9 additional for transportation and stateroom from Boston to New York and return via steamer.

The rate from Chicago, St. Louis, Detroit, Toledo, Buffalo and intermediate points, is \$75 for transportation only, to New Orleans and return, going via all rail to New Orleans and returning via Southern Pacific Steamship Co. from New Orleans to New York, and all rail to starting point. This rate includes meals and stateroom berth from New Orleans to New York, but does not include Pullman accommodations. The lower berth rate from these points to New Orleans and from New York to starting point averages from \$8 to \$10.

The above rates do not include hotel accommodations at New Orleans.

Write to the Frank Tourist Company, 398 Broadway, New York City, for reservations and information.

M. LOUISE TWISS, *Chairman*, New York.

ADELAIDE M. WALSH, Chicago,

LOUISE PERRIN, Denver.

S. GOTHA DOZIER, San Francisco.

For Colorado Delegates: In going to New Orleans from Colorado, take any route to St. Louis, then the Illinois Central to New Orleans. Time required two days and two nights. Special winter fare, \$52.30; Pullman, \$8.

LOUISE PERRIN.

For Delegates from Chicago and points north:

I. By way of the Illinois Central

Lv Detroit, Grand Rapids, Duluth, St. Paul, Tuesday, April 25, evening. Ar Chicago, Wednesday, April 26, morning. Lv Chicago, Wednesday, April 26, 9.15 a.m. Lv Peoria, Wednesday, April 26, 7.30 a.m. Lv St. Louis, Wednesday, April 26, 1.30 p.m. Ar New Orleans, Thursday, April 27, 10.45 a.m.

Delegates from towns not mentioned in the above schedule can obtain from their local agents information as to the train service which will bring them to Chicago in time to join the train leaving Chicago, April 26.

II. By way of the Chicago and Eastern Illinois

New Orleans Special Chicago-Nashville Limited

Lv Chicago.....	12.30 p.m.	6.04 p.m.
Ar Danville.....	3.45 p.m.	9.35 p.m.
Ar Terre Haute.....	5.30 p.m.	11.08 p.m.
Ar Evansville.....	8.40 p.m.	2.20 a.m.
Ar Nashville.....	2.05 a.m.	7.49 a.m.
Ar Birmingham.....	8.52 a.m.	3.40 p.m.
Ar Montgomery.....	11.25 a.m.	6.55 p.m.
Ar Mobile.....	4.38 p.m.	2.30 a.m.
Ar New Orleans.....	8.55 p.m.	7.15 a.m.

Trains depart from Dearborn Station in Chicago and arrive at the L. & N. Station in New Orleans which is located at the foot of Canal Street within walking distance of the principal hotels.

All delegates from points east and west of the state wishing to join the train will find it most convenient, i.e., the following connections can be made with the train leaving Chicago at 12.30 p.m. from the points mentioned.

Lv Columbus.....	7.20 a.m. via Big Four
Ar Cincinnati.....	10.50 a.m. via Big Four
Lv Cincinnati.....	11.15 a.m. via Big Four
Ar Louisville.....	2.45 p.m. via Big Four
Lv Louisville.....	3.00 p.m. via L. & N. RR.
Ar Nashville.....	8.35 p.m. via L. & N. RR.
Lv Indianapolis.....	1.50 p.m. via Vandalia RR.
Ar Terre Haute.....	3.27 p.m. via Vandalia RR.
Lv St. Louis.....	8.25 a.m. via L. & N. RR.
Ar Nashville.....	8.25 p.m. via L. & N. RR.

The one way railroad fare from Chicago to New Orleans is \$25.65 and the round trip rate during the month of April will be \$37.40 with proportionate rates from other points. For parties of ten or more the one way rate will be \$18.68 per capita. The Pullman fares from Chicago to New Orleans are as follows: lower berth, \$5.50, upper berth, \$4.40, compartment, \$15.50, drawing room, \$20.00.

The cost of the round trip on either road will be about \$37.50; the approximate cost of the two trips will be from \$75 to \$100.

ADELAIDE MARY WALSH.

REPORT OF THE RELIEF FUND, FEBRUARY, 1916

Receipts

Previously acknowledged.....	\$1,175.10
Interest on bonds.....	45.00
Alumnae Association of Philadelphia General Hospital.....	100.00
Oregon State Graduate Nurses' Association.....	25.00
Janet Mackenzie, Rochester General Alumnae Association, Rochester, N. Y.....	1.00
Woman's Hospital Alumnae Association, Philadelphia, Pa.	
Individual Members—	
Mary E. Boteler.....	2.00
Mrs. L. W. Thurman.....	1.00
Jennie M. Shaw.....	1.00
B. M. Seldomridge.....	3.00
Bertha M. Steer.....	1.00
Mrs. A. H. Bentley.....	1.00
Nettie W. Guthrie.....	1.00
Joanna E. Schu.....	1.00
Anna M. Peters.....	1.00
Annie C. Nehill, Lee, Mass.....	2.00
Kentucky State Association of Graduate Nurses.....	25.00
Alumnae Association of Methodist Episcopal Hospital Training School for Nurses, Brooklyn (In memory of Mrs. Adelaide J. Prentis)...	40.00
German Hospital Alumnae Association, Philadelphia, Pa.....	15.00
Eugenia D. Ayers, Elizabeth, N. J.....	10.00
Mrs. G. T. Wilson, Johns Hopkins Hospital Alumnae Association, Baltimore, Md.....	5.00
Georgia State Association of Graduate Nurses.....	15.00
Utah State Nurses' Association.....	25.00
Graduate Nurses Association of Augusta, Ga.....	5.00
Grace Hospital Alumnae Association, Detroit, Mich.....	10.00
Massachusetts State Nurses' Association.....	25.00
Graduate Nurses' Association of Connecticut.....	50.00
Florida State Association of Graduate Nurses.....	25.00
Dr. W. H. Groves, L. D. S. Nurses' Alumnae Association, Salt Lake City.....	10.00
The Graduate Nurses' Association of Texas.....	25.00
Mrs. William S. Thayer, Johns Hopkins Hospital Alumnae Associa- tion, Baltimore.....	5.00

\$1,650.10*Disbursements*

North Carolina State Nurses' Association Approved Applica- tion No. 1—13th payment.....	\$10.00
Approved Application No. 2—2nd payment, Houston, Texas..	5.00
Approved Application No. 3, San Francisco, Cal.....	60.00
50 postals.....	2.25
L. A. Giberson, Chairman, Executive Meeting in New York...	32.95
M. Louise Twiss, Treasurer, desk supplies.....	6.70
Balance March 1, 1916.....	\$1,483.20
13 Bonds, par value.....	13,000.00
2 Certificates of Stock.....	2,000.00
Total Balance.....	\$16,483.20

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, Treasurer, 419 West 144 Street, New York City, and cheques made payable to the Farmers Loan and Trust Company, New York City.

For information address Mrs. L. A. Giberson Crass, Montessano, Wash.

M. LOUISE TWISS, *Treasurer*.

REPORT OF THE ISABEL HAMPTON ROBB FUND, MARCH 6, 1916

Previously acknowledged.....	\$17,294.25
Pasadena Hospital Alumnae, Pasadena, Calif.....	5.00
Pasadena Nurses' Club, Pasadena, Calif.....	10.00
Humboldt County Nurses' Association, Calif.....	12.15
Rose Sargent, Battle Mountain, Nev.....	5.00
Buffalo General Hospital Alumnae Association.....	20.00
Miami Valley Hospital, Dayton, Ohio—	
Miss M. Withee.....	\$.50
Miss E. Line.....	1.00
Mrs. Arm.....	1.00
Miss Christy.....	.50
Mabel Smith.....	.50
Harriet Friend.....	1.00
Miss Fremstead.....	1.00
Dr. E. R. Crew.....	1.00
Miami Valley Hospital School of Nursing.....	2.70
Graduate Nurses Association (Members).....	3.00
	12.20
Springfield Hospital Nurses' Alumnae, Springfield, Mass.....	25.00
St. Luke's Hospital Nurses' Alumnae, St. Paul, Minn.....	11.00
Georgia State Nurses' Association.....	25.00
Greenfield Graduate Nurses' Association, Greenfield, Mass.....	6.75
For North Dakota State Nurses' Association	
Christine Ouren.....	\$1.00
Mabel Olson.....	1.00
Frances Riordan.....	1.00
	3.00
School for Nurses, Massachusetts General Hospital.....	60.00
Nurses' Alumnae Association, German Hospital, Philadelphia, Pa.....	10.00
School for Nurses, University Hospital, Minneapolis, Minn.....	14.15
German Hospital Nurses' Alumnae, New York City.....	10.10
Grace Hospital Nurses' Alumnae Association, Detroit, Mich.....	5.00
Alumnae Association, Paterson General Hospital, Paterson, N. J.....	10.00
Johns Hopkins Hospital Training School.....	68.00
Sales of photographs through Miss Lawler.....	27.00
East, West, and Middle Tennessee registered nurses.....	15.00
Park Avenue Hospital Alumnae Association, Rochester, N. Y.....	5.00
Massachusetts State Nurses' Association.....	10.00
N. Gilmour, Royal Alexandre Hospital, Edmonton, Alberta.....	25.00
Graduate Nurses' Association of Connecticut.....	16.00
Scranton Hospital Alumnae, Scranton, Pa.....	25.00
Graduate Nurses' Association, Charlottesville, Va.....	5.00

Graduate nurses and pupils, Memorial Hospital, North Conway, N. H.....	\$2.25
Memorial Hospital Alumnae Association, Worcester, Mass.....	10.00
Alumnae Association, Good Samaritan Hospital, Lexington, Ky....	5.00
Seniors and intermediate classes, Training School, Philadelphia General Hospital.....	17.66
St. Luke's Hospital Nurses' Alumnae, St. Paul, Minn.....	1.00
Alumnae Association, Maine General Hospital, Portland, Me.....	5.00
Pennsylvania Hospital Alumnae Association, Philadelphia (Individual contributions).....	54.35
Methodist Episcopal Training School, Philadelphia (Individual contributions).....	10.00
District Nursing Association, Buffalo, N. Y.....	8.00
Mary B. Ludy, Supt. German Lutheran Hospital, Sioux City, Iowa.....	5.00
Caroline I. Milne, Presbyterian Hospital, Philadelphia, Pa.....	10.00
Pupils in Training School, Presbyterian Hospital, Philadelphia, Pa.....	20.00
The graduates and pupils, Bellevue Training School for Nurses....	217.40
Pupil nurses, Jewish Hospital, Philadelphia.....	10.00
Alumnae Association Chicago Hospital Training School for Nurses.....	10.00
Nurses of the Division of Child Hygiene, New York City, through Anna W. Kerr.....	4.60
Saginaw County Graduate Nurses' Association, Saginaw, Mich....	10.00
From nurses and doctors, El Reno Sanitarium, El Reno, Okla....	44.45
Alumnae Association of Training School for Nurses, Presbyterian Hospital, Philadelphia.....	35.00
From Diana C. Kimber, author of Kimber's "Anatomy and Physiology for Nurses (through Carolyn E. Gray).....	100.00
From Mrs. Robert Ferguson (Nellie Weld), Class of 1903, City Hospital School of Nursing, New York.....	3.00
St. Luke's Hospital Nurses' Alumnae Association, New York City..	100.00
Los Angeles County Nurses' Association.....	10.00
St. Louis Training School, Nurses' Alumnae Association.....	25.00
Alumnae and members of the Department of Nursing and Health, Teachers College.....	107.50
Nurses' Alumnae Association of the Methodist Episcopal Hospital, Philadelphia.....	15.00
Oklahoma State Association of Graduate Nurses.....	10.00
New York City League of Nursing Education.....	76.26
Alumnae Association of the Training School for Nurses of the Protestant Episcopal Hospital, Philadelphia.....	25.00

\$18,686.12

NOTE.—A contribution of \$10 credited in the March JOURNAL to the Rhode Island Central Directory should have been credited to the Rhode Island League of Nursing Education.

All drafts, money orders, etc., should be made payable to the Merchants Loan and Trust Company, Chicago, Ill. All contributions should be sent to Mary M. Riddle, Treasurer, Newton Hospital, Newton Lower Falls, Mass.

MARY M. RIDDLE, Treasurer.

PROGRAM OF THE NATIONAL LEAGUE OF NURSING EDUCATION

Wednesday, April 26. 4 p.m., Executive Committee. 4-6 p.m., Advisory Council Board. 8 p.m., Joint meeting of the boards of directors.

Thursday, April 27. 9 a.m., Registration. 10 a.m., Business Session. Reports of officers and presidents of State Leagues, Election of new members. Reports of committees. Unfinished and new business (constitution and by-laws).

Friday, April 28. 10-11.30 a.m., Problems Relating to Hospital Administration, Standardisation as Applied to Hospital Work, Alice L. Lake, B.S., Nashua, N. H.; Discussion, Mrs. Agnes C. Hartridge, N. Augusta, S. C.; The Equipment and Standards of a Modern Hospital Ward, Marian E. Rottman, New York; Discussion of Constitution and By-Laws. 3-4.30 p.m., The Dietary Department in the Hospital. The Fundamental Principles of the Arrangement of Diets for Metabolism Studies, Warren Coleman, M.D., New York City; The Administration of Diets in the Metabolism Wards of Bellevue Hospital, Estelle Magill, New York City; The Problems of the Dietitian and Her Relation to the Hospital and Training School, Alice P. Atwood, Baltimore, Md.; Discussion.

Saturday, April 29. 10-11.30 a.m., The Place of Elective and Special Courses in the Training School Curriculum, Clara D. Noyes, Chairman; What is Required in the Training School Course for the Public Health Nurse? Katherine Tucker, Philadelphia, Pa.; Discussion, Mary E. Lent, Baltimore, Md.; What Can the Training School Do to Prepare Nurses for Private Duty? Elisabeth E. Golding, New York City; Is It Desirable to Include Training for Executive Positions in the Three Years' Course? Helen Cleland, Decatur, Ill.; How Much Time Is It Possible to Allow in a Three Years' Course for Elective and Special Training? Elsie M. Lawler, Baltimore, Md.; Discussion, Mary M. Riddle, Newton Lower Falls, Mass.

Monday, May 1. 11.30 a.m.-1 p.m., Training School Literature. The Training School Prospectus and its Educational Possibilities, Sara E. Parsons, Boston, Mass.; Text Books for Nurses, Isobel Fleming, Cleveland, Ohio; Libraries in the Hospital and Training Schools—Their Installation, Management and Value, Kathleen Jones, Waverly, Mass.; Discussion. 3-4.45 p.m., The Mental Hygiene Movement and the Training of Nurses for Mental Work. Of What Value Is Mental Training to the General Hospital Nurse? E. J. Taylor, Baltimore, Md.; Problems and Possibilities in the State Hospital Training Schools, Ida J. Anstead, Ogdensburg, N. Y.; The Mental Hygiene Movement and Preventive Measures, Elnora Thomson, Chicago, Ill.; State Laws and Commitment Procedures, Adelaide Walsh, Chicago, Ill.; Discussion.

Tuesday, May 2. 11.30 a.m.-1 p.m., The Teaching of Nursing Subjects. The Teaching of Home Nursing and First Aid, Isabel M. Stewart, New York City; Importance and Place of Ethics in the Program of Nurses' Education, S. Lillian Clayton, Philadelphia, Pa.; Bacteriology in the Curriculum of the Training School, Jane Van de Vrede, Savannah, Ga.; Discussion. 3-4.45 p.m., Joint Session. Legislation. 8.15 p.m., Open Session. Problems of Nursing Education. Of What Value Is the Nurse in the Community and What Should Be Her Equipment? Dr. Rudolph Mattas, New Orleans, La.; The Present Status of Woman's Education with Special Application to a Better Nursing Education, Dr. Brandt V. B. Dixon, New Orleans; The Ideal Training School, Prof. M. Adelaide Nutting, New York City; The New Profession of Public Health Nursing and its Educational Needs, Prof. C. E. A. Winslow, New Haven, Conn.

Wednesday, May 3. 9.30-11 a.m., Business Session. Summary of discussions

at round tables. Unfinished business. Paper—Peculiar Mental Conditions Found in Soldiers as the Result of Life in the Trenches, Mary S. MacInnes, London, England. Election of officers. 2.30-4.30, New board meetings.

ITEMS CONCERNING THE SPEAKERS

Alice L. Lake, graduate of Boston City Hospital; formerly Superintendent Nurses Worcester State Asylum, Worcester, Mass., instructor Farrand Training School, Harper Hospital, Detroit, Mich.; Superintendent Nashua Memorial Hospital, Nashua, N. H.

Marion E. Rottman, graduate Bellevue Hospital Training School; Assistant Superintendent Nurses in charge of the Surgical Pavilion.

Katharine Tucker, graduate of Newton Hospital, Newton Lower Falls, Mass.; formerly supervisor of the work of the Mental Hygiene Committee, New York City, superintendent The Visiting Nurse Society of Philadelphia.

Elisabeth E. Golding, graduate New York Hospital Training School; president New York County Registered Nurses Association, doing private duty nursing in the City of New York.

Helen Cleland, graduate Massachusetts General Hospital and of The McLean Hospital, Waverly, Mass., formerly superintendent nurses Butler Hospital, Providence, R. I., superintendent Decatur and Macon County Hospital, Decatur, Ill.

Elsie M. Lawler, graduate Johns Hopkins Hospital, Baltimore, Md.; formerly assistant superintendent nurses Johns Hopkins Hospital and assistant superintendent Nurses Toronto General Hospital and superintendent of The Tuberculosis League, Pittsburgh, Pa., superintendent nurses Johns Hopkins Hospital, Baltimore, Md., president Maryland State Association Graduate Nurses.

Dr. Warren Coleman, Second Medical Division, Bellevue Hospital, New York City.

Estelle Magill, graduate New York City Training School; head nurse of the Metabolism Ward, Russell Sage Institute of Pathology, Second Medical Division Bellevue Hospital.

Alice P. Atwood, graduate Teachers College, Domestic Science, New York City; dietitian Johns Hopkins Hospital, Baltimore, Md.

Sara E. Parsons, graduate Massachusetts General Hospital, Boston and The McLean Hospital, Waverly, Mass.; superintendent of nurses, Massachusetts General Hospital.

Isobel Fleming, graduate Johns Hopkins Hospital, Baltimore, Md., and of Teachers College Nursing and Health; formerly assistant Johns Hopkins Training School for Nurses; instructor Lakeside Hospital Training School, Cleveland, Ohio.

Edith Kathleen Jones, formerly Radcliffe College Librarian; McLean Hospital Librarian.

Effie J. Taylor, graduate Johns Hopkins Hospital Training School, and of Teachers College, Nursing and Health Department; formerly assistant and instructor Johns Hopkins Training School for Nurses; supervisor The Henry Phipps Psychiatric Clinic, Johns Hopkins Hospital.

Ida J. Anstead, graduate New York Hospital Training School; principal Training School St. Lawrence State Hospital, Ogdensburg, N. Y.

Dr. Rudolph Mattas, practicing surgeon, New Orleans, La.

Dr. Brandt V. B. Dixon, president, H. Sophie Newcomb Memorial College, The Tulane University, New Orleans, La.

M. Adelaide Nutting, graduate Johns Hopkins Hospital; formerly superintendent nurses Johns Hopkins Hospital; present position Professor of the Department of Nursing and Health, Teachers College, New York City.

C. E. A. Winslow, Anna Lauder Professor of Public Health, Yale University; Curator of Public Health, American Museum of Natural History.

Isabel M. Stewart, graduate Winnipeg General Hospital, Winnipeg, Canada; graduate Teachers College, Department of Nursing and Health, New York City; Instructor Department of Nursing and Health, Teachers College, New York City.

S. Lillian Clayton, graduate Children's Hospital, Philadelphia and of Philadelphia General Hospital; graduate Teachers College, Department of Nursing and Health; formerly superintendent nurses Minneapolis City Hospital; Educational Director of the Illinois Training School; superintendent nurses Philadelphia General Hospital, Philadelphia.

Jane Van De Vrede, graduate of Milwaukee County Hospital Training School for Nurses, Wauwatosa, Wis.; secretary the Board of Examiners for Nurses, Georgia; assistant bacteriologist of Savannah, Ga.

PROGRAM OF THE NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING.

Thursday, April 27. 8-10 a.m., Registration. 10 a.m.-12, Business meeting. Roll call. President's address. Reports of officers and committees. Unfinished and new business. 4.00-6.00 p.m., Intermission, tea served. 5.30-6.30 p.m., Round Table conducted by the Committee on School Nursing, Lina Rogers Struthers, Chairman. Topics: The School Nurse and Dental Clinics; Tuberculosis in the Public Schools; Report of Committee on the Standard Record Card for School Nurses. 8.15 p.m., Open Joint Meeting. See program of American Nurses' Association.

Friday, April 28. 9.00-10.00 a.m., Round Table conducted by the Committee on Records and Statistics, Edna L. Foley, Chairman. Topics: History cards; Monthly reports. 1.30-3.00 p.m., Section Meeting under direction of Committee on Medical Social Service, Ida M. Cannon, Chairman. Report of the Committee. Contribution of Hospital Social Service to the Training of Nurses; The Function of Hospital Social Service in the Public Health Movement, Michael M. Davis, Jr., Director of Boston Dispensary. 4.45-5.30 p.m., Intermission, tea served. 5.30-6.30 p.m., Round Table, discussion of program on Medical Social Service. 5.30-6.30 p.m., Round Table, conducted by the Committee on Prevention of Blindness and Midwifery, Carolyn C. Van Blarcom, Chairman. 8.15 p.m., Open Meeting under the auspices of the National Organization for Public Health Nursing. General Subject: Public Health Nursing under Governmental Control, Dr. Oscar Dowling, President Louisiana State Board of Health, presiding; How Public Health Nurses Can Aid a State Department of Health to Extend Its Program of Health Conservation, Robert G. Paterson, Ph.D., Director Division of Public Health Education and Tuberculosis, Ohio State Board of Health; Paper by Mrs. Margaret M. Sirch, Agent State Board of Charities and Corrections, California; Paper by Dr. C. E. Terry, Health Officer, Jacksonville, Fla.

Saturday, April 29. 9.00-10.00 a.m., Round Table, Discussion of program on Public Health Nursing under Municipal, County and State Control, Anna M. Drake, presiding. 9.00-10.00 a.m., Round Table, Discussion of Rural Nursing Problems, Fannie F. Clement, Chairman. 8.00-10.00 a.m., Round Table, conducted by the Committee on Industrial Nursing, Eva I. Andersen, Chairman.

Topics for discussion: Record cards for industrial nurses; General organization of work; Uniform of the industrial nurses. 11.30 a.m.-1.00 p.m., Section Meeting under direction of Committee on Tuberculosis, Kate Gordon, Vice-President, New Orleans Anti-Tuberculosis Association, presiding; Rural Tuberculosis Nursing, by Elizabeth Leenhauts, Milwaukee, Wis.; Field Work of the Tuberculosis Nurse in the Small City and Rural Community, Chloe Jackson, Atlanta, Ga.; Medical and Social Work of the Tuberculosis Clinic and Dispensary, Dr. Eugene R. Kelly, Boston, Mass. 3.00-4.45 p.m., General Session under direction of Committee on Organization and Administration, Mrs. Arthur Aldis, Chairman. General Subject: Coöperation of Laymen in Public Health Nursing; State Organization of Public Health Nursing through Federations of Women's Clubs, Mrs. W. W. Thornton, Indiana; The Relation of Overhead to Staff Expenses of Visiting Nurse Associations, Anna M. L. Huber, York, Penna.; The Value of Volunteers in our Work, Augusta A. Graves, Hartford, Conn.; The Function of Nurses' Committees, Mrs. C. M. Rich, Keokuk, Iowa; Development of Public Health Nursing in Rural Districts, Mrs. W. N. Hutt, Raleigh, N. C. 4.45 p.m., Boat Trip given by Sisters of the Charity Hospital.

Monday, May 1. 9.00-10.00 a.m., Round Table, Discussion of Various Aspects of Organization and Administration. 9.00-10.00 a.m., Round Table, Discussion of Program on Tuberculosis Nursing, Helen B. Freer, Chairman. 1.30-3.00 p.m., Section Meeting under direction of the Committee on Public Health Nursing Education, Katharine Tucker, Chairman. Report of Committee; Paper, Whose Responsibility is it to Train Nurses in Public Health Work? 3.00-4.45 p.m., Joint Session, under the auspices of the National League for Nursing Education and the National Organization for Public Health Nursing, Mental Hygiene, Effie J. Taylor and Elnora E. Thomson, Chairmen. See League program. 4.45-5.30 p.m., Intermission, tea served. 5.30-6.30 p.m., Round Table, Discussion of Program on Public Health Nursing Education. 8.15 p.m., Open Meeting under the auspices of the American Nurses' Association, Red Cross Session.

Tuesday, May 2. 9.00-10.00 a.m., Joint Round Table, Discussion of program on Mental Hygiene. 1.30-3.00 p.m., Section meeting, under direction of Committee on Infant Welfare Nursing, Minnie H. Ahrens, Chairman. What the Infant Welfare Nurse Should Know About Infant Feeding, Dr. Walter Hoffman, Chicago; How Much Time Should the Infant Welfare Nurse Give to Social Conditions in the Home? Alice Hall, Providence, R. I.; Relation of Prenatal Nursing to the Midwife Problem, Agnes Paulsen, Chicago, Ill. 4.45-5.30 p.m., Intermission, tea served. 5.30-6.30 p.m., Round Table, Discussion of program on Infant Welfare Nursing. 8.15 p.m., Open Meeting, under the auspices of the National League for Nursing Education. Subject: Ideal Training Schools. See League program.

Wednesday, May 3. 11.00-12.30 a.m., Closing Business Session, National Organisation of Public Health Nursing. 2.30-4.00 p.m., Closing Business Session, American Nurses' Association.

ITEMS CONCERNING THE SPEAKERS

Michael M. Davis, Jr., Director of Boston Dispensary.

Dr. Oscar Dowling, President Louisiana State Board of Health.

Robert G. Paterson, Ph.D., Director of Division of Public Health Education and Tuberculosis, State Board of Health, Columbus, Ohio.

Mrs. Margaret M. Sireh, graduate of Buffalo (N. Y.) General Hospital; formerly superintendent of Municipal Nurses, Department of Health, Los Angeles, Cal.; Agent, California State Board of Charities and Corrections.

Dr. C. E. Terry, City Health Officer, Jacksonville, Fla.

Anna M. Drake, graduate of Monroe St. Hospital Training School, Chicago; supervisor Municipal Tuberculosis Sanitarium, Chicago.

Elizabeth Leenhauts, County Visiting Tuberculosis Nurse, Milwaukee, Wis.

Chloe Jackson, graduate of Mercy Hospital, Chicago; formerly Supervising Nurse and Executive Secretary of the Fayette Tuberculosis Association, Lexington, Ky.; Executive Nurse, Raoul Foundation, Atlanta, Ga.

Anna M. L. Huber, President York (Pa.) Visiting Nurse Association.

Mrs. C. M. Rich, President Keokuk (Ia.) Visiting Nurse Association.

Mrs. W. N. Hutt, Editor, Woman's Section, *Southern Progressive Farmer*, Raleigh, N. C.

Augusta A. Graves, graduate of Presbyterian Hospital, New York City. Director Social Service Department, Hartford (Conn.) Hospital.

Mrs. W. W. Thornton, State Chairman, Committee on Membership of National Organisation for Public Health Nursing; member of Public Health Committee, Indiana State Federation of Women's Clubs.

Mrs. C. W. Cunningham, President Long Branch (N. J.) Visiting Nurse Association.

Dr. Walter Hoffman, Assistant Medical Director of Infant Welfare Society of Chicago.

Alice Hall, graduate of Rhode Island Hospital; Visiting Nurse Association, Providence, R. I.

Agnes Paulsen, Infant Welfare Society of Chicago.

Kate Gordon, Vice-President, Anti-Tuberculosis Association, New Orleans, La.

Lucy M. Bushey, graduate of Cleveland Training School for Nurses; State Superintendent of Nurses, Lansing, Mich.

Harriet Fulmer, Extension Secretary of the Illinois State Association for the Prevention of Tuberculosis. Formerly, Superintendent of Nurses of Visiting Nurse Society, Chicago, Ill.

Dr. Eugene R. Kelly, State Department of Health, Boston, Mass.

NATIONAL CONFERENCE OF CHARITIES AND CORRECTION

The National Conference of Charities and Correction will hold its forty-third annual meeting at Indianapolis, May 10-17. Several of the forty-five sessions will fall within the field of interest of nurses, such as those on Health, The Bearing of Ill Health on Crime and Poverty, Industrial Hygiene, The Relation of Venereal Diseases to Public and Individual Health, Oral Hygiene, Inebriety, Feeble-mindedness, Community Problems, etc. The advance announcements do not give the names of any nurses as taking part in the discussion of these problems nor any special recognition of her part in their solution.

ARMY NURSE CORPS

Appointments.—Virginia Simpson, graduate of St. Joseph's Hospital, Kansas City, Missouri; assigned to duty at Letterman General Hospital, San Francisco, California. Eatha N. McGuire and Jennie A. Smith, graduates of Phoenixville

Hospital, Phoenixville, Pennsylvania; assigned to duty at the Walter Reed General Hospital, Takoma Park, D. C. *Transfers*.—To Department Hospital, Philippine Department, Manila, P. I.: Ila Broadus, Jean G. Mackenzie and Mary F. McLaughlin. To Letterman General Hospital, San Francisco, California, Elletta A. Worcester. *Discharges*.—Elizabeth Tack, Evangeline G. Bovard, Emma B. Lindheimer, Marion A. Himes.

DORA E. THOMPSON, *Superintendent, Army Nurse Corps.*

THE NURSING AND HEALTH BRANCH OF THE ALUMNI ASSOCIATION OF TEACHERS
COLLEGE

The Nursing and Health Branch of the Alumni Association of Teachers College held its annual reunion and conference on Friday and Saturday, February 18 and 19, beginning with informal round tables at 7.30 p.m. The general session opened at 8.30 p.m., Anna Ewing presiding. Dr. Howe, medical inspector of schools of New York State, gave an address on The School Nurse as a Factor in Public Health work, in which he emphasized the rapid growth of school nursing throughout the state and the increasing demand for it, especially in small communities. Miss Stringer's paper on The Organization of School Nursing in Small Communities, dealt with some of the problems which the school nurse has to meet in rural districts especially the lack of adequate medical inspection and of any organized health work. Teaching Opportunities of the School Nurse was discussed in a paper by Miss Stanley, who reported the recent survey of the Cleveland Public Schools by Dr. Leonard P. Ayres and his recommendation that all the health teaching in the elementary schools be done by the school nurses. Following the papers there was a general discussion on the many phases of school nursing, various opinions being expressed in regard to the number of children a nurse can care for adequately. The number at present varies from one thousand to six or seven thousand. Miss Nutting spoke on the present demand for school nurses and the preparation which is needed for their work. The Nurses' Club of the College held an informal reception after the meeting for all visiting members.

The second meeting was held Saturday at 9.30 a.m., Sara E. Parsons of Boston presiding. Miss Nutting gave the address of welcome, reviewing the progress of the past year in the department of Nursing and Health, noting several important developments in the field of nursing education and outlining some of the lines of effort in which the graduates have been engaged. Dr. Strayer introduced the subject of the morning by a brief address on Standardization in the Field of Education. In a very comprehensive paper on Principles of Standardization and Applications in Fields related to Nursing, Alice Lake discussed the tests for scientific management and took up in some detail the principles which are fundamental to this movement and also the methods by which standards have been worked out in various fields. The most interesting for our purposes are the motion study and cyclograph studies of the technique of various manual procedures. The moving picture machine brought into use, can give an exact record of the movements employed in a procedure. These movements are later analyzed and wasteful motions eliminated. In this way a standard method of technique may be finally worked out. In the paper on The Relation of Standardization to the Teaching of Nursing Procedures, Miss Watson, showed that application of the general principles of standardisation could be applied to nursing tasks. Miss Amerman of the Henry Street Settlement discussed the need of

standardisation in Public Health Nursing. Miss Goodrich, in discussing the various papers, called attention to various departments of nursing and hospital work where a higher degree of standardisation is urgently required especially emphasising the need of a careful study of the practical experience given to pupil nurses.

Following the general discussion, a short business meeting was held. The change in the constitution providing for an increase of dues from \$1 to \$1.50 a year (including the *Teachers' College Record*) was passed. It was announced that the Association had contributed over a hundred dollars to the Isabel Hampton Robb Scholarship Fund and that the Loan Fund of our own Association was proving very helpful to students of the department. The Publication Committee hopes to have the new pamphlet on post-graduate work ready within a short time. The following officers were elected for the ensuing year: president, S. Lillian Clayton; vice-president, Bessie Amerman; secretary, Grace Watson; treasurer, Amy Trench; executive committee members, Sara E. Parsons, Carrie Hall, Isabel M. Stewart. About thirty-five members attended the luncheon which was held at the conclusion of the morning meeting. Many members from out of town were present, five or six from Boston, one from Charleston, S. C. and one from Bangor, Maine, among them.

Alabama: Birmingham.—THE GRADUATE NURSES' ASSOCIATION AND THE RED CROSS NURSES held a joint meeting in February at the home of Linna H. Denny. Representatives of each of the Federated Clubs of the city were present, making an audience of about fifty. Dr. Samuel Ledbetter, Jr. gave an illustrated talk on Military Surgery in Europe. Dr. Ledbetter has just returned from service in a Military Ambulance Hospital. The nurses have prepared sixty comfort bags which are to be sent to St. Valerie, France, where Margaret Patterson served under the Red Cross. Thirty of the bags were contributed by Montgomery nurses. Mrs. Carl Seales contributed ten Red Cross shirts and three convalescent robes to the box. ST. VINCENT'S HOSPITAL ALUMNAE ASSOCIATION held its monthly meeting in the hospital amphitheatre February 16. There was a large attendance, and after the business session, the first chapter of Isabel Hampton Robb's Nursing Ethics, the study of which has been undertaken for the year, was read by Josephine Palmis. Dr. James Mason gave an instructive address on the Measures Which May Safely Be Employed to Relieve the Pains of Labor. Etta Fitzgibbons read an interesting paper on Morphine Habitués, and their treatment since the enactment of the Harrison Drug Law. THE GRADUATE NURSES' ASSOCIATION held its regular monthly meeting at the Hillman Hospital, March 8. As it was "Baby Week," Dr. Charles Nice addressed the nurses on the care of children, urging the association to use its influence in having the younger graduates give more attention to this branch of their work. A committee was appointed to form resolutions regarding the midwife evil. It is hoped that by working with the medical association legislation may be obtained to regulate it. A sum of money was voted to help defray the expenses of the meetings of the American Nurses' Association in New Orleans. The following officers were elected: president, Mrs. E. M. Hartsock; vice-presidents, Lorie Teague, Katherine Taylor; secretary-treasurer, Julia Dainwood; federation secretary, Bertha Thompson; corresponding secretary, Miss Dugan. The resignation of Helen McLean, who has served the association as secretary for the past eight years was accepted with sincere regret. Miss McLean has been elected secretary of the Board of Nurse Examiners.

Colorado: THE COLORADO STATE BOARD OF NURSE EXAMINERS will meet at the Capitol Building, Denver, May 22-27, to examine applicants for registration.

LOUISE PERRIN, *Secretary*,

State House, Denver, Colorado.

Connecticut: Meriden.—THE MERIDEN HOSPITAL ALUMNAE ASSOCIATION held its annual meeting and dinner at the Winthrop Hotel, January 12. Officers were elected as follows: president, Claire Pease; vice-president, Jennie Pratt; secretary, Jacobina B. Rieche; treasurer, Mrs. Lucy B. Napier; chairmen of committees; membership, Mrs. Florence Crooke; entertainment, Mrs. Susie J. King; press, Mrs. Edith H. Marcham.

District of Columbia: THE NURSES' EXAMINING BOARD OF THE DISTRICT OF COLUMBIA will hold an examination for registration of nurses, Wednesday, May 10, 1916. Applications must be made before April 20, 1916, to Helen W. Gardner, R.N., Secretary and Treasurer, 1337 K Street, Washington, D. C. MEMBERS OF THE GRADUATE NURSES' ASSOCIATION attended two lectures on parliamentary law, given by Mrs. Nannette Paul in February. It was pointed out that good breeding and a clear knowledge of the ten commandments were the basic principles upon which one must build the additional theory acquired if the knowledge of law were to be put to good effect. The regular meeting of the association was held March 6, at the club house. AT THE RECENT MEETING OF THE BOARD OF NURSE EXAMINERS, the resignation of the president, Lily Kanely, was accepted with regret, and Sallie F. Melhorn elected to succeed her. Estelle Wheeler also resigned from the Board.

Illinois: Peoria.—THE SEVENTH DISTRICT OF THE ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES held its annual meeting recently and elected the following officers: president, Agnes A. Newbold; vice-presidents, Kathryn Warnock, Hattie La Vrien; treasurer, Lillian O. Trinkhaus; recording secretary, Carrie Nelson; corresponding secretary, Mae Charlesworth, 901 Knoxville Ave., Peoria. The District is busy making plans for the entertainment of the State Association in November. Miss FLANNIGAN, Children's Memorial Hospital, Chicago, has been engaged by the Visiting Nurse Committee of the Associated Charities as special nurse for contagious diseases. The School Board, Board of Health and Visiting Nurse Committee are making every effort to stamp out the epidemic of scarlet fever. EMILY SMILEY has accepted the position of second assistant superintendent at Proctor Hospital, and will alternate with Miss Jones, night supervisor. **Evanston.**—THE GRADUATE NURSES' ASSOCIATION gave a party at the Woman's Club of Evanston to start a fund for a club, to enable all graduate, registered nurses to have a common social centre. Its objects are: mutual help and improvement, professional, financial, social, and ethical. About \$500 was raised at the party. MAUDE TWINING, class of 1914, Evanston Hospital, has given up her position as superintendent of a hospital in La Crosse, Wis., and returned to Evanston as night superintendent.

Iowa: Des Moines.—THE REGISTERED NURSES' ASSOCIATION held its regular business meeting, February 2. After routine business the nurses were addressed by Dr. Mendelson who has recently returned from service in the Red Cross in Europe. He was followed by Dr. Fred Moore, whose subject was School Nursing. Eighteen nurses were present. One hundred and twenty nurses attended the January examinations in Des Moines January 25 to 29. Dr. A. P. Huron has been appointed superintendent of the Iowa Methodist Hospital to succeed Dr. W. P. Graham. Dr. Huron comes from Wesley Methodist Hospital, Chicago.

Ill., where he filled the position of assistant for the past four years. THE ASSOCIATION held its regular monthly meeting March 1. Esther Jackson gave an address on The Ethics of Graduate Nurses to Hospitals and Training Schools. Twenty members were present. THE ASSOCIATION held a banquet at the Chamberlin Hotel, April 1. ESTHER JACKSON, graduate of Augustana Hospital, will take up her duties as superintendent of the hospital, May 1. Miss Jackson recently gave up the position of superintendent of the Iowa Methodist Hospital. Burlington.—EDITH SMITH has taken a claim in Montana. Perry.—VICTORIA CARLSON has given up her position as superintendent of Kings Daughters Hospital and has gone to Rock Island, Ill. to take up special work in Augustana College. The position she filled at the hospital has been taken by Edith Hokanson, graduate of Augustana Hospital, Chicago. LILLIAN OLSON has accepted the position of night supervisor at the hospital. Ottumwa.—THE OTTUMWA HOSPITAL ALUMNAE ASSOCIATION held its annual meeting January 31, and elected the following officers: president, Blanche Bowker, vice-president, Madge Baldwin; treasurer, Philomena Bauer; secretary, Florence Rhoades; auditor, Rhetta Heller. Eva Bell Van Dyke, class of 1915, has been appointed to the U. S. Naval Service.

Maryland: THE MARYLAND STATE NURSES' ASSOCIATION held a meeting February 25, at 8 p.m., at St. Joseph's Hospital. The minutes of the last meeting were read, followed by a short talk on the value of kindergartens to the child and the advantage of such work to the community; Miss Taylor is an enthusiastic worker for the good of the child and her viewpoint was of great interest to the nurses. Doctor Mary Stone, of Kinkiang, China, was the speaker of the evening. Dr. Stone is the only physician in Kinkiang, managing the hospital she operates under the most trying conditions, answering all outside calls, at the same time training the nurses. China is looking to American nurses to help with this great uplifting work; to American nurses to go to the hospitals and train the women, opening new fields that have helped so much in America. Dr. Stone made an earnest plea for nurses to help to teach her people; she said that the native doctor never saw his women patients; he takes the pulse from behind a curtain, the right pulse of a man and the left of a woman; the need of care is great, and the call from the East will surely quicken the interest and desire of nurses for usefulness. There was a large attendance, and a social hour followed. THE MARYLAND STATE LEAGUE OF NURSING EDUCATION held a meeting at the Shepard and Pratt Hospital, Towson, on February 16. There were discussions of the new bill, suggestions from the executive committee of the National Association, and of the teaching of practical nursing in training schools. A social hour followed.

Massachusetts: Boston.—THE MASSACHUSETTS STATE NURSES' ASSOCIATION held its midwinter meeting on February 12, at 585 Boylston Street. The secretary's report showed that the association is still working for state inspection of training schools and an amendment to the Nurse Practice Act. Dr. Laura A. C. Hughes spoke in favor of sending a special delegate to the meetings of the Federation of Women's Clubs, to be held in Melrose, as the subject for discussion is Special Legislation and possibly some help might be gained toward attaining the objects desired. Following the report of the treasurer, which showed the finances in good condition, Grace I. McIntyre spoke of the Value of a Course in Nursing and Health at Teachers College. Miss McIntyre fills a responsible position at the Boston Lying-in Hospital, and impressed her audience with her belief that nurses who take the course at Teachers College are fitted for various spheres of

greater helpfulness. Mrs. George B. Rice spoke on the work done by the New England Department of the National Civic Federation. Her hearers were amazed to learn how near to many of them, were her activities. Post offices, stores, factories, bakeries and many other industries have been inspected by her and her fellow workers. Emphasis was placed on the need of being tactful and of always working through the employers rather than the employees. Many employers were willing to remedy bad conditions as soon as the way was shown them. THE MASSACHUSETTS LEAGUE OF NURSING EDUCATION met at the Central Directory, 636 Beacon Street, on February 12, Miss Nichols presiding. Miss Farmer, who has been in charge of the Social Service work in the Boston City Hospital for sixteen months, spoke of the Nurse as an Educator in Social Service. Some of the points made and thoughts presented by Miss Farmer were: that in a broad sense, clergymen, doctors and nurses are social service workers but are not actively such; the nurse has an excellent foundation on which to build the training for the work. The principal criticism launched at nurses is that initiative is trained out of them, while it is a very necessary quality in a social service worker. The habit of unquestioning obedience hinders the choice of action so often called for in emergencies. It is desirable that nurses wishing to take up the work, should receive special training in it during the three or four years' course. The Massachusetts General Hospital is giving, in a limited degree, such training to specially selected nurses. This branch of work is privately financed in both the General and Boston City Hospitals and funds are greatly needed. Mary M. Riddle spoke of the work of the State Board of Examiners, saying that the time allotted for the examinations is two days, the mornings to theoretical, the afternoons to practical work at the Massachusetts General Hospital. There is too much time for the written work and not enough for the practical. Two hundred and sixty may answer all the questions in the six hours, because each one has six hours, but six hours divided among the same number, for practical demonstrations allows one and one-third minutes to each. The nurses feel hurried and object to so little time. The graduates of the smaller schools make a good showing, and receive the purple seal as often as those of the large schools. Some small schools are doing excellent theoretical work and their graduates show it in their thoughtful answers. They settle down to write the papers more gracefully than those of the large schools, though the latter have the advantage in the practical work. On the whole the average is very good. One question which has been asked repeatedly is, "What is the difference between etiquette and ethics." The answers show a great diversity of instruction. Through the generosity of former patients of the late Dr. Rotch and others interested in the hospital he founded, the Infant's Hospital has been enabled to open a large ward, which has not been used since the building was opened. Over \$13,000 was contributed for the purpose. Some of the Plans for New Work at the Massachusetts General Hospital include the opening of a new out-patient department where outside physicians and surgeons may bring or send patients for diagnosis by specialists. If not accompanied by his doctor, the patient must bring a letter. The fee for diagnosis is \$5. A private ward for wealthy patients is being built. In the extensive report recently published, Dr. Washburn, the superintendent, presents the desirability of a general hospital for people of moderate means, who would pay something to their physicians and surgeons. There is also the need for a Convalescent Home for bed patients, land for which is already owned by the Hospital at Waverly. Money is needed to build an up-to-date Children's

Hospital. Additions now under way will necessitate the employment for 85 more nurses; a residence for them must be provided and should be large enough to accommodate possible increase in the staff. The standard for admission to the training school has been raised, and many graduates are filling executive and teaching positions. THE MASSACHUSETTS GENERAL HOSPITAL ALUMNÆ ASSOCIATION is endeavoring to raise an endowment fund for educational purposes in connection with the training school. Sara E. Parsons, superintendent of nurses at the hospital is chairman of the committee, with Esther Dart, Stillman Infirmary, Harvard College, Charlotte M. Perry, superintendent Malden Hospital, Helen L. Chapman and M. E. P. Davis as co-workers. Sub-committees will be organized in the different classes, so that news of the project may be widely spread. That the interest of the nurses is already gained is shown by the fact that \$1000 has been pledged. THE INSTRUCTIVE DISTRICT NURSING ASSOCIATION held its annual meeting in Copley Hall, February 23. Following the reading of various reports, fifteen nurses presented a three-act play written by a district nurse, which gave realistic scenes of the conditions under which the work of the nurses is done in the crowded tenements. THE CARNEY HOSPITAL ALUMNÆ ASSOCIATION held a dance at the Beal Home on March 3, to promote sociability and increase the funds of the association. ELLEN McHUGH, class of 1900, City Hospital, has been appointed school nurse in Amherst. Middleboro.—Under the will of Julia H. Copeland, the Boston City Hospital receives \$5000. At a public meeting in honor of Edith Cavell, held in Steinert Hall, December 11, at which Professor George Herbert Palmer presided, it was determined to offer to the English government, for the remainder of the year, the services of an "Edith Cavell" nurse, from Massachusetts. The nurse chosen is Alice L. F. Fitzgerald, graduate of Johns Hopkins Hospital. Miss Fitzgerald has held the position of superintendent of nurses at training schools in Wilkes-Barre and Indianapolis, and was in charge of the surgery at Bellevue Hospital, New York. She speaks French, German, and Italian as well as English, and served with the Italian Red Cross at the time of the earthquake in Messina, Italy, when she was decorated by the Italian government. Miss Fitzgerald sailed on February 19, for England. The girls of the Dana Hall School at Wellesley, of whom she has been in charge, are paying her passage. She has been granted an indefinite leave of absence. She will wear a silver medal, designed and given by A. H. Atkins, of Boston.

Michigan: THE MICHIGAN STATE NURSES' ASSOCIATION will hold its annual meeting in Kalamazoo, May 23-25. The programme includes papers on The Nurse as a Citizen, by Reverend Caroline Bartlett Crane; The Tuberculous Campaign being conducted by the State Board of Health, by Dr. William DeKleine; Infant Welfare, by Minnie H. Ahrens, of Chicago; Some Phases of Private Duty Nursing (speaker to be announced); Question box to be confined to questions relating to private duty problems; Juvenile Court and Mothers' Pensions, by Judge Van Horne; Vocational Guidance (speaker to be announced; will probably be a member of the National Educational Association); The American Red Cross, a request having been sent to Washington for a speaker. Every nurse is urged to attend the meeting whether a member or not.

Minnesota: THE MINNESOTA STATE BOARD OF EXAMINERS OF NURSES will hold the semi-annual examination on April 28 and 29 at the New State Capitol, St. Paul, beginning at nine in the morning. HARRIET B. LEACH, R.N., Secretary, 902 South 7th Street, Minneapolis, Minn. Minneapolis.—THE STATE LEAGUE OF NURSING EDUCATION held its regular monthly meeting on February 18, at the

City Hospital. Methods used in nursing were discussed and demonstrations given by the different hospitals represented. Refreshments were served to the thirty-five members present at the close of the meeting. **St. Paul.**—**THE BRETHREDA HOSPITAL AND DEACONESS HOME ALUMNAE ASSOCIATION** recently elected the following officers: president, Ruth Johnson; vice-presidents, Helmy Andrews Alida Magunson; recording secretary, Anna Swanson; financial secretary, Elsa Peterson.

Mississippi: Hattiesburg.—**THE HATTIESBURG HOSPITAL TRAINING SCHOOL** held its fourth graduating exercises February 15, at the Forrest Club. Addresses were made by the Honorable John R. Tally and Dr. Percy Wall. Jennie Quinn, superintendent of the hospital, gave an impressive talk before administering the pledge, urging the graduates to keep its precepts. Dr. T. E. Ross presented the diplomas and pins to three graduates, and a reception followed.

Nebraska: THE NEBRASKA STATE NURSES' ASSOCIATION will hold its regular meeting in Hastings, on April 19. A full attendance is desired.

Omaha: THE LORD LISTER (FORMERLY OMAHA GENERAL) HOSPITAL ALUMNAE ASSOCIATION held its regular meeting at the hospital in March, with a good attendance. Application for membership in the American Nurses' Association has been made. A reunion of the alumnae is planned for the time of the commencement in June, and efforts will be made to reach as many graduates as possible, in the hope that letters or telegrams may be received from them to be read at the banquet. A social hour followed, and Mrs. Spalsbury, superintendent of nurses, extended an invitation for the association to hold the April meeting at the hospital, when the senior nurses will be the guests of the alumnae. Dr. and Mrs. E. C. Henry, Mrs. Spalsbury, and Miss Flannery were elected honorary members. **GERTRUDE B. MACRAE**, class of 1911, has taken a position in the new Illinois Central Railroad Hospital, Chicago. **MARY PETERSON** and **RENIA LEWIS**, graduates of St. Luke's Hospital, Kearney, Neb., have also accepted positions in the hospital. **ELSA BOYD** has taken the position of superintendent of nurses at St. Luke's Hospital.

New Hampshire: Plymouth.—**THE EMILY BALCH HOSPITAL** was destroyed by fire on February 29. The loss approaches \$15,000. The seventeen patients were removed by the nursing staff, under the supervision of the superintendent. **Keene.**—**THE ELLIOT CITY HOSPITAL** held its graduating exercises at the nurses' home, February 11. Mr. William H. Elliot, president of the board of trustees presided, and an address was given by Dr. William E. Faulkner, of Boston. Diplomas were presented to the five nurses by Mr. Bertram Ellis. The closing words of counsel were given by Reverend John S. Little. Through the efforts of the training school, a sale for war relief was held in February. \$11.50 were realised, and sent to the British-American War Relief Fund for wounded soldiers, in New York City. Early in December, a box of clothing valued at \$26 was sent to the Belgian Relief Fund Committee of Boston, and \$5 to the Polish Relief Fund. In January, the school through its own contributions and those of friends sent \$15 to the Belgian Relief Committee and a box of clothing valued at \$3. A part of the ready made clothing was contributed by three shops in Keene, and the different sums of money were raised by sales, among themselves and friends, of articles given for the purpose by members of the school.

New Jersey: THE NEW JERSEY STATE BOARD OF NURSE EXAMINERS held examinations in the Roseville Auditorium, Newark, and at Cooper Hospital, Camden, on March 14. 113 applications were received, 55 were from candidates

who failed to pass in one or more subjects in a previous examination. Governor Fielder has appointed Edith A. Hooper to succeed Frances A. Dennis, whose term expired in February, as a member of the State Board of Examiners of Nurses and has re-appointed Mary E. Rockhill for a term of three years. Miss Hooper is a graduate of St. Luke's Hospital, New York City, and has been superintendent of Christ Hospital, Jersey City, for ten years. She has cooperated with the Board since it was created, in every effort to obtain and maintain nursing standards and the members welcome her as a valuable colleague. Miss Rockhill has been associated with nursing interests in the state for many years. She is a graduate of Cooper Hospital, Camden, and has been instructor in massage at that hospital. She has also done hourly nursing and office work. She has served as president of the Cooper Hospital Alumnae Association and treasurer of the New Jersey State Nurses' Association, and is probably the best known nurse in southern New Jersey.

New York: New York.—THE NEW YORK CITY LEAGUE OF NURSING EDUCATION held its regular meeting at Hunter College, March 1, at 8.15 p. m. A special program had been arranged and the senior class of students of the New York City schools of nursing attended as the guests of the League. Miss Greener, president of the League, opened the meeting with a brief address of welcome to the guests giving them an idea of the work and the purpose of the League. A short business session was held, followed by the program for the evening.

Lillian Wald addressed the meeting on the subject of Settlement Work in its Relation to the Present Day Public Health Movement and reviewed the history of twenty years' activities of the Henry Street Settlement, dwelling on the importance of properly organized district nursing for social and economic reasons. In closing, Miss Wald made a strong appeal to the pupils to consider well the many opportunities afforded by Public Health work and the necessity for the study of the prevention of disease. She also emphasized the importance of special preparation for such work. Annie W. Goodrich of the Department of Nursing and Health, Teachers College, New York, followed Miss Wald with a graphic description of the development and growth of the nursing organizations of the country, showing the wonderful progress effected by legislation through such organizations. Miss Goodrich laid stress on the significance of and the necessity for well developed state organizations, for the establishment and maintenance of good state registration laws. She also explained to the students that the AMERICAN JOURNAL OF NURSING is the official organ and the property of the American Nurses' Association. Among other striking illustrations, she exhibited a "spot" map picturing the various activities of nursing organizations in the different states. Miss Goodrich showed the importance of interesting themselves, through their alumnae associations, in other nursing bodies, urging the need of a broad, clear vision and unselfish spirit if they in turn were to be a power for good and for progress in the future. M. Adelaide Nutting, Director of the Department of Nursing and Health, Teachers College, was expected to make the closing address, but was prevented from attending the meeting. She was, however, very ably represented by her assistant, Isabel Stewart, who talked from Miss Nutting's notes, on the advantages of higher education for women who are preparing themselves for advanced work in the field of nursing. Each speaker was received with great enthusiasm and the student nurses were very much delighted with the opportunity afforded them for hearing three such representative women as Miss Wald, Miss Goodrich and Miss Stewart. THE NEW

YORK COUNTY REGISTERED NURSES' ASSOCIATION held its annual meeting at the Academy of Medicine, March 7, officers were elected as follows: president, Elizabeth Golding; vice-president, Jennie Greenthal; recording secretary, Jean Hayman; corresponding secretary, Annie Humphreys; treasurer, Marie Pless; trustee for three years, Jessie McVean. Nellie Lee has two years to serve, and Agnes Gibney was elected to fill Miss Kiel's unexpired term. Members of the executive committee elected to serve one year are Mrs. Brockway and Elizabeth Turner. Anne W. Goodrich gave a report of the bill to be presented to the legislature and also an outline of the plans for the reorganization of the American Nurses' Association. Mrs. Twiss spoke briefly of the itinerary of the trip to New Orleans. Mrs. Florence Kelly made a stirring appeal for the nurses' interest in legislation affecting workers especially, demonstrating the wisdom of this were it only from selfish motives, as many of the proposed laws, if studied carefully, prove to have effects of much wider range than appears upon the surface, notably the Health Insurance Bill which, if it become a law, will levy a tax upon nurses. Mrs. Kelly advised each nurse to procure a copy of the bill, and keep informed of its progress. **THE NEW YORK POST-GRADUATE HOSPITAL ALUMNAE ASSOCIATION** gave a reception to the graduating class of 1916, at the training school, on March 18. **THE NEW YORK HOSPITAL TRAINING SCHOOL ALUMNAE ASSOCIATION** is to have a club house built for its use, through the interest of Mr. Vincent Astor. All possible conveniences are to be provided and a commodious building is planned. The association will sign a lease to pay a yearly rental of \$16,500. Mrs. HUGH R. JACK, president of the State Nurses' Association regrets that it will not be possible for her to accept office in the association next year and begs that she receive no nominations. **Buffalo.**—**THE BUFFALO NURSES' ASSOCIATION** held its regular monthly meeting at the Club House, on March 6, when plans for the new club house which it is hoped may be purchased, were discussed. Dr. Schaefer, of the Health Department gave a talk on the work of the department to further the National Baby Week movement. After the meeting, a reception was given to the returned Red Cross Nurses of Buffalo, Bessie Scanlon, Nellie Bundy, Virginia Rau, Edna Reese, Caroline Bill and Margaret Henessy. **THE PUBLIC HEALTH NURSES' ASSOCIATION** held a regular meeting at 110 Prudential Building March 1, with a large attendance. The constitution was discussed, also plans for a dinner to be held in April. Mrs. Paul gave an interesting talk on the work of the Crippled Children's Guild. The nurses of the Department of Health are attending a class in parliamentary law at the Hutchinson High School, three evenings a week. **MARGARET WHEELER** gave a talk on Better Babies to the Casenovia Mothers Club, on March 9. **Ogdensburg.**—**MARY C. MULLEN**, class of 1907 St. Lawrence State Hospital, has been appointed Public Health nurse at Saranac Lake, New York. **GRACE FINNEGAN**, class of 1915, has resigned from the nursing staff to take up psychiatric nursing with Dr. C. R. Payne. **ZAIDE MAXINER**, class of 1916, has been appointed social service nurse at the hospital; she will visit dispensaries in surrounding towns in connection with the mental hygiene work of the hospital. **Albany.**—**THE ALBANY AND RENSSELAER COUNTY NURSES' ASSOCIATION** held its regular meeting at the Troy Hospital, Troy, on February 14. Edna Bridgeford gave an interesting account of school nursing in Albany, and Hannah Cunningham read a paper on the same work in Troy. The April meeting was held in the Samaritan Hospital, Troy, and papers on private duty nursing were read by Frances Galbin and Alida Strucken. **Troy.**—**IRNE FLAHERTY** has been appointed to the staff of school nurses. **Canandaigua.**—**JULIA**

C. DANKEY, THOMPSON MEMORIAL HOSPITAL, has accepted the position of nurse to the employees of the Lehigh Valley Coal Company, at Shenandoah, Pa. Beside caring for the miners, the nurse is expected to attend their wives in confinement and any other illness which may develop. Welfare work is to be established, and the number of nurses increased as needed. Rochester.—THE GENESEE VALLEY LEAGUE OF NURSING EDUCATION held its January meeting at the State Hospital, when the committee on by-laws reported and its name was adopted. After discussion and some alterations, the by-laws were adopted. It was voted to make application for membership to the New York State League of Nursing Education. The March meeting was held at the General Hospital, Rochester, with thirty members present. Nursing problems were discussed, and the meeting adjourned to the class room, where the probationers gave practical demonstrations in nursing procedures. The next meeting will be held at the Hahnemann Hospital.

North Carolina: THE NORTH CAROLINA STATE NURSES' ASSOCIATION will hold its fourteenth annual meeting in Winston-Salem, May 30-31. All members are urged, and all nurses invited to attend.

Ohio: Cincinnati.—THE GERMAN DEACONESS HOSPITAL ALUMNAE ASSOCIATION held its annual meeting at the hospital. Notice that the meeting was an important one, succeeded in bringing out a large number. It was decided to endow a room in the hospital for the use of the alumnae and the trustees, impressed with the enthusiasm of the nurses, have offered immediate benefit of the endowment fund yet to be raised. An important resolution endorsing the AMERICAN JOURNAL OF NURSING was passed unanimously, and subscription to the JOURNAL urgently advised. The following officers were elected: president, Emma Kessler; vice-president, Mrs. Bertha Howell; secretary, Bertha Bobachek; assistant secretary, Florence Hoke; treasurer, Doris Hillman; member of the executive committee, Fannie Tate. Dayton.—THE GRADUATE NURSES' ASSOCIATION OF DAYTON AND VICINITY held its monthly meeting in the Memorial Home of the Miami Valley Hospital, and listened to an address by Helena Stewart, supervising nurse of the Ohio State Board of Health, who spoke on The Public Health Nurse of Ohio. Many of the visiting and industrial nurses of Dayton were in the audience, which was of good size.

Pennsylvania: Philadelphia.—THE ALUMNAE ASSOCIATION OF THE MEDICO-CHIRURGICAL HOSPITAL held its regular monthly meeting at the hospital on March 1, Mrs. Moyer in the chair. There was a good attendance, and several important subjects were discussed. Mary Turney, who is in charge of the department for insane women at the Philadelphia General Hospital, gave an interesting talk about her work there. The chairman of the current events committee introduced items of interest. A social hour with refreshments followed. THE HOWARD HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting March 7, with twelve members present. The treasurer reported that \$865 toward the \$1000 to be raised for the building fund before May 1, had been collected. The association voted that all married members be taken into active membership, that this year's graduating class be entertained by the alumnae, and that another member be appointed on the building committee. One new member, Mary Healy, was accepted. THE POLYCLINIC HOSPITAL ALUMNAE ASSOCIATION held its regular monthly meeting February 4. After routine business, Miss Rogers, one of the members, gave an interesting report of her work at the Henry Street Settlement, where she is now engaged. Letters were read from six absent mem-

bers, residing in various states. Refreshments and a social hour followed adjournment. **Lebanon.**—THE GRADUATES OF THE GOOD SAMARITAN HOSPITAL have formed an alumnae association.

Rhode Island.—THE RHODE ISLAND BOARD OF EXAMINERS OF TRAINED NURSES will examine applicants for registration at the State Capitol, Providence, R. I., on Wednesday and Thursday, May 10 and 11, 1916. For application blanks and information, address the secretary-treasurer, Lucy C. Ayers, R.N., Woonsocket Hospital, Woonsocket, R. I. LUCY C. AYERS, R.N., secretary-treasurer. THE GRADUATE NURSES' ASSOCIATION held its annual meeting in the parish house of Trinity Church, Providence, March 1. Mr. Bradley, of Boston, spoke of Hourly Nursing in the Homes of People of Moderate Means. Discussion was opened by Miss Lord. Miss W. L. Fitzpatrick spoke of the new system of hourly nursing just begun by the Providence District Nursing Association, the reasons for the work, what is being done in other cities, and what it is hoped may be done in Rhode Island. Miss Van der Water spoke of the system in operation in Detroit for supplying home care, both professional and domestic. There was a good attendance, and a social hour followed. **Providence.**—THE RHODE ISLAND HOSPITAL NURSES' CLUB met at the George Ide Chace Home for Nurses, March 17, at 8.15, when Professor Collier spoke on International Law, how it is drawn up and the difficulty in enforcing it. The subject of his lecture was Some International Problems arising from the War. Resolutions on the death of Miss Rousseau were read. THE HOSPITAL ALUMNAE met at the Home February 22, and a short play, appropriate to the day, was read by one of the members. THE RHODE ISLAND VISITING NURSES' CLUB held a meeting at the rooms of the association February 10, when Alice Hunt, of the Consumers' League, spoke on the Labor Laws as they affect women. THE SUPERVISORS OF THE HOMEOPATHIC HOSPITAL OF RHODE ISLAND gave a tea on February 14, in honor of the new superintendent, Miss Van der Water. THE PROVIDENCE BRANCH OF THE GUILD OF ST. BARNABAS met on March 2, at St. Stephens' Church.

Tennessee: Clarksville.—CLARA E. BROOK, graduate of St. Vincent's Hospital, Indianapolis, Ind., expects to soon open a small private hospital. Arrangements have been made with the city and county for two beds to be used for dependent citizens needing hospital care. The hospital will be known as the Barbara Louise Hospital, in memory of Miss Brook's mother.

Texas.—THE SEMI-ANNUAL EXAMINATIONS OF THE STATE BOARD OF EXAMINERS OF NURSES FOR TEXAS will be held in San Antonio, El Paso, Temple and Galveston, May 10-11. Applications must be on file with the secretary one month in advance of these dates. M. M. TAYLOR, secretary, 111 Dallas Street, San Antonio.

Utah.—THE UTAH STATE NURSES' ASSOCIATION held its annual meeting March 6 and elected the following officers: president, Mrs. E. C. Richards, Salt Lake City; vice-president, Nancy Self Ogden; secretary, Laura Willis, Salt Lake City; assistant-secretary, Damaris Beeman, Salt Lake City; treasurer, Alma Karlson; chairman of ways and means committee, Rose Korous, Salt Lake City; chairman of press and program committee, Carrie Roberts, Salt Lake City.

Wisconsin.—THE COMMITTEE OF EXAMINERS OF REGISTERED NURSES will hold an examination for state registration in Milwaukee, June 27-28, 1916. Applications for the examination must be on file before June 5, and applicants should give name of school from which they were graduated when asking for application blanks. Anna J. Haswell, R.N., Secretary, 1610 Jefferson Street, Madison, Wis.

BIRTHS

On February 9, a son, to Mr. and Mrs. Tenny. Mrs. Tenny was Ethel Davis, Eleanore Moore Hospital, Boone, Ia.

On January 29, a daughter, Mary Joy, to Mr. and Mrs. Gail Andrews. Mrs. Andrews was Iva Stark, Iowa Methodist Hospital, Des Moines, Ia.

On January 17, at Ames, Ia., a son, to Mr. and Mrs. M. D. Crane. Mrs. Crane was Amanda Nichols, Wesley Hospital, Chicago.

In January, at Lincoln, Neb., a daughter, to Mr. and Mrs. John Davis. Mrs. Davis was Lenore Barber, Polyclinic Hospital, Philadelphia, Pa.

MARRIAGES

On February 16, at Mt. Pleasant, Iowa, Anna Dailey, graduate of Mercy Hospital, Des Moines, Iowa, to Arthur Charlois Mason. Mr. and Mrs. Mason will live in Des Moines.

On January 8, Bertha Dekens, class of 1908, William W. Backus Hospital, Norwich, Conn., to George Meneill Coulson.

On January 3, Mary Ellen Cloman, class of 1905, St. Joseph's Hospital, Baltimore, Md., to John H. Jeffries. Rev. and Mrs. Jeffries will live in Piedmont, W. Va.

On January 11, at Kansas City, Mo., Olive B. Musser, General Hospital, Kansas City, to L. A. Marty, M.D. Dr. and Mrs. Marty will live in Kansas City, Mo.

On March 11, at Greenville, Conn., Anne Van Kirk Gillett, Presbyterian Hospital, New York City, to Frederick Geller.

On February 26, at Philadelphia, Pa., E. Grace Beane, class of 1907, Howard Hospital, Philadelphia, to N. H. Hooper. Mr. and Mrs. Hooper will live in Silver Lake, Wash.

On February 19, at Philadelphia, Pa., Lina Bache, class of 1907, Howard Hospital, Philadelphia, to W. C. Sutterly. Mr. and Mrs. Sutterly will live in Philadelphia.

In November, at Philadelphia, Pa., Marie Jones, class of 1912, Howard Hospital, Philadelphia, to William Haupt. Mr. and Mrs. Haupt will live in West Philadelphia.

On March 4, at Omaha, Neb., Viona Dukes, class of 1915, Bishop Clarkson Memorial Hospital, Omaha, to Henry W. Smith. Mr. and Mrs. Smith will live in Omaha.

On March 29, at Montezano, Washington, Lydia A. Giberson, graduate of the University of Pennsylvania Hospital, Philadelphia, to William L. Crass. Mr. and Mrs. Crass will live in Montezano. Miss Giberson has been well known throughout the country by her work in behalf of the Relief Fund of the American Nurses' Association.

On March 2, at Providence, R. I., Mary Frances Creamer, class of 1904, Westboro Hospital for the Insane, to Parnell Ellis Fisher, M.D.

On March 7, at Albany, N. Y., Mrs. Mary Doblen, class of 1906, Troy Hospital, Troy, N. Y., to M. J. Ryan, M.D. Dr. and Mrs. Ryan will live in Albany.

DEATHS

On February 17, at San Antonio, Texas, Edna Kaiser, class of 1914, Physicians and Surgeons Hospital, San Antonio. Death was caused by a runaway accident, Miss Kaiser being instantly killed.

On July 16, at the Methodist Episcopal Hospital, Brooklyn, N. Y., after months of suffering, Mrs. Adelaide Prentis, class of 1894. Mrs. Prentis was one of the pioneer workers of her alumnae association, and her active interest in all nursing affairs continued to the last. A doctor's tribute says, "In losing one of the Old Guard, we lose a host."

On December 23, at Rochester, Minn., Mary Welch, Mercy Hospital, Chicago, Ill. Miss Welch had been in poor health for two years and had gone to Rochester to visit her sister. While there she contracted pneumonia, and died after a short illness. Miss Welch was in charge of the Nurses' Registry, which she established early in 1915.

On January 25, at Augustana Hospital, Chicago, Luella Bristol. Miss Bristol had been ill for several months and it was thought that surgical interference would give her the desired relief. She was a graduate of Clifton Springs Sanitarium, Clifton Springs, N. Y., and had taken a post-graduate course in Washington, D. C., and at the Illinois Training School, Chicago. At the time of her death she was president of the Iowa State League of Nursing Education. She had served the Des Moines Association of Registered Nurses in the same capacity earlier in her career. Iowa has lost a splendid worker in her death. She held the highest ideals and was a loyal helper in all professional and organization work. She had held a number of executive positions, the latest being that of superintendent of nurses at the Jefferson County Hospital.

NOTE.—The death notice of Mrs. Mary Stern Hoffman, which appeared in the March JOURNAL was incorrectly given as Mrs. Mary Stern Hoffman.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

NURSES' HANDBOOK OF DRUGS AND SOLUTIONS. By Julia C. Stimson, R.N., A.B. Graduate of the New York Hospital Training School for Nurses; Formerly Superintendent of Nurses, Harlem Hospital of Bellevue and Allied Hospitals, New York City; Head of the Department of Nursing and Social Service, Washington University, St. Louis, Mo. Revised Edition. Whitcomb and Barrows. Boston. Price \$1.00.

The field of Materia Medica is constantly subject to change. The favorite drugs of yesterday are not used today and those in use at present are liable to be soon superseded by still newer ones, consequently, Miss Stimson after four years has revised her handbook, or rather has had it revised by Dr. Dennis E. Jackson, Ph.D., Associate in Pharmacology of Washington University Medical School, St. Louis, Mo.

OVER-CROWDING AND DEFECTIVE HOUSING IN THE RURAL DISTRICTS. By Dr. Harvey B. Bashmore, Inspector of the Pennsylvania Department of Health, Author of *The Sanitation of Recreation Camps and Parks, Outlines of Practical Sanitation*. New York: John Wiley and Sons, Inc., London: Chapman and Hall, Limited. Price, \$1.00.

We venture to say that very many of the readers of this little book will be surprised to learn that the great evil of overcrowding and defective housing is not peculiar to cities. Dr. Bashmore reveals a deplorable condition of living among the poor in the country districts; and not only among the poor, some of the worst cases cited he found in comparatively well-to-do people, the reasons being, in the latter cases, lack of help and an effort to economize labor, heat, etc. The chief cause of defective housing is laid to the cupidity of the landlord who, while he desires to get 10 or 12 per cent out of his invested money, does not want to spend any of its earnings on the property itself. Dr. Bashmore sees hope for a remedy of the evils of which he writes, in a popular educational crusade which is to be maintained through the press, the schools, the health boards, etc., until all classes are taught that "it pays in real dollars and cents to live in sanitary homes." Incident-

ally he mentions the immense usefulness of the visiting nurse in such an educational campaign, of whom he says, "there is no factor so potent for good as the work of the visiting nurses."

The book is a very small affair, less than one hundred pages, but its message is one that should not be missed. We should all join in this big campaign against lack of efficiency, of disease and premature death which Dr. Bashmore states to be the direct results of overcrowding and deficient housing.

SURGICAL AND GYNAECOLOGICAL NURSING. By Edward Mason Parker, M.D., F.A.C.S. Surgeon to the Providence Hospital, Washington, D. C., and Scott Dudley Breckinridge, M. D., F.A.C.S., Gynaecologist to the Providence Hospital, Washington, D. C. J. B. Lippincott Company, Philadelphia and London. Price \$2.50.

When two men unite in a big task, one looks for big results, and in the instance of the book before us no disappointment awaits the reader. It is not only that the presentation of the theory and practice of nursing, in general and special surgery, is well done; that the affiliating subjects, such as bacteriology and infection, are brought in where and when most apt to appeal to the intelligence of the pupil nurse and arouse her interest; that the care and preparation of instruments, with the listing of those needed at all, or most operations, leaves no room for blunders; that the routine care of operative cases and the application of all sorts of remedial measures is carefully provided for; all these things would have made the book valuable and placed it in the foremost lists. Operating room technique may be acquired by patient exercise of memory and observation and it is not here that the reader finds the note that makes this book different. It is the fact that the writers look for and expect to find in nurses a high order of efficiency, an absolute exactness in record, intelligence in observation and report and, in short, they lay upon them responsibilities not to be lightly discharged. The practical side of the book is of a high order, making it the best of its class, but again we remark that the ethical note is one we need.

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